

# 2012 Millennium Promise Annual Report on the Millennium Villages Project



*A founding partner of the*

# Millennium Promise 2012 Annual Report

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*Cover photos:*

*School children in the MV of Tiby (Mali); a Community Health Worker holding a newborn in the MV of Sauri (Kenya).*

## 1. Overview of the 2012 Annual Report

We are pleased to present this 2012 Annual Report on the Millennium Villages Project (MVP), a partnership initiative of Millennium Promise and the Earth Institute, Columbia University.

Covering January 1 to December 31, 2012, this report presents activity highlights and spotlight stories from the field (Section 4), as well as a review of monitoring and evaluation activities (Section 5), an update on sustainability and scale-up initiatives (Section 3), updates on major partnerships (Section 6), and an overview of strategic priorities moving forward (Section 7).

Since the Millennium Villages Project began in 2005/06, substantial progress has been observed project-wide in a number of areas related to reducing child hunger, promoting gender equality in access to primary education, reducing child mortality, and providing access to safer drinking water. Good though less pervasive progress has also been made in improving maternal health, combating malaria, and enhancing access to improved sanitation. For these latter categories, the pace of progress will need to increase in order to achieve the MDG targets by 2015. Not enough progress has been made in achieving universal access to primary education overall due in part to low baseline levels. New efforts, including the Community Education Worker (CEW) program and new WASH programs, were launched in 2012 to speed up progress and address this shortfall.

Progress in achieving the MDGs also varies across the 10 sites, with some sites showing substantial progress across all the MDGs and a couple of sites lagging behind the others on some of the education and health outcomes.

Universal access to primary education remains a key area for improvement in some sites, whereas improvements in skilled birth attendance remain challenges in others. Improved sanitation remains a challenge in many sites, and modern contraceptive usage requires increases in all of the sites.

Building on successes to date that have laid the foundation for development, the Project is working to strengthen local systems in order to meet the MDGs and sustain the achievements made to date and support continued improvement beyond the 2015 MDG deadline, with special attention on the lagging goals and on the sites that are relatively far off the MDG trajectory. In addition, new compensatory efforts are being made to improve progress in areas of sanitation, contraceptive uptake, primary school enrollment and completion, quality of education, and basic health care in the sites that are most lagging.

As part of our transition strategy and in anticipation of a full transition by December 31, 2015, the Project is working closely with local and regional governments to begin to transition personnel, operations, and management of Project operations to local ownership.

We are grateful to all our donors, supporters, and advocates for the generous support provided to the Millennium Villages Project in 2012, and look forward to reporting on further advances to come as health, opportunity, and well-being in these poor rural communities continues to improve.

## 2. Highlights from 2012

### The Newest Millennium Village: SADA in Northern Ghana

Launched in August 2012, SADA is the newest Millennium Village, supported by the Government of Ghana and the United Kingdom Department for International Development (DFID). While Ghana has made remarkable progress toward achieving the MDGs at the national level, there is a sharp disparity in performance between regional geographic areas. Two decades of sustained economic growth, free and fair elections, political stability, and relatively strong institutions have led to significant poverty reduction. But evidence shows that the northern savannah region is significantly poorer than the southern region, and progress toward the MDGs in this area has been much slower.

In an effort to address some of these challenges and accelerate the pace of development in the northern savannah ecological zone, the Government of Ghana established the Savannah Accelerated Development Authority (SADA). The SADA MVP cluster spans across the Builsa District, Upper West Region, and West Mamprusi and Mamprugu Moaduri Districts, Northern Region, and aims to bring nearly 30,000 people the systems and approaches of the MVP to help in their effort toward sustainable development and achieving the MDGs in the project area.

### Progress in the Pemba Millennium Village

Launched in 2011, the Pemba (Tanzania) Millennium Village continued to make early progress in 2012. The Project completed the baseline survey final report in October 2012, setting the benchmark for progress over the coming years of Project activities. Supported by KPMG, interventions began across sectors in



Seaweed harvesting is practiced by many farmers in the coastal MV of Pemba (Tanzania).

2012, with construction of a new maternity ward and hiring of health staff, provision of free school meals to more than 1,600 students and deployment of Community Education Workers, and extension of access to electricity and improved water.

As fishing and seaweed harvesting are primary means of earning income in Pemba, the Project provided training sessions on marine conservation and initiated procurement of a boat, outboard engine, and fishing lines. A cooperative of primarily seaweed farmers was formed and a Savings and Credit Cooperative Organization (SACCO) was established to provide agricultural finance.

### Campaign for 1 Million Community Health Workers (CHWs)

Community health workers, or CHWs, are at the heart of how the Project is advancing healthcare in all sites, household visit by household visit. The MVP's CHW program delivers professional health care directly to households, providing critical basic care to families in remote rural communities and linking them to the larger health system. CHWs are paid, trained professionals who administer essential services—from vaccines, supplements,

and malaria tests to pre-natal check-ups and newborn care—and refer patients to the local clinic or hospital when necessary to help communities take better advantage of available health services.

As a result of planning that took place in 2012, a campaign to train and deploy one million CHWs by the end of 2015 was launched by Rwanda's President Paul Kagame, Professor Jeffrey Sachs, and Novartis CEO Joseph Jimenez at the World Economic Forum in January 2013. This 1MCHW campaign will be critical to success as the African Union and many African leaders supportive of this effort recognize that urgent effort is needed for African nations to meet the MDGs. The campaign was inspired in part by the successes observed in the MVP sites across sub-Saharan Africa.

### **CommCare eHealth System**

In 2012, the MVP began roll out of a new cloud-based eHealth system called CommCare. This user-friendly smart phone-based system helps CHWs to improve point-of-care service through decision-making guidance, automated record keeping, and more. CommCare also collects regular data that can be easily accessed by managers from a cloud-based server for better program oversight.

### **Community Education Workers (CEWs) Program**

Universal primary education (MDG #2) is a key priority of the MVP, though is taking longer to achieve than expected. To accelerate progress, the MVP launched the Community Education Worker (CEW) program. In 2012, sites across the MVP piloted the CEW program, employing low-cost, dedicated extension officers for community outreach to identify children that are not enrolled in school or are at risk of dropping out.

The CEWs work with households, parent-teacher associations, schools, and the wider community to help ensure that parents are aware of the importance of education and that children are enrolled in school at the right age and are attending school regularly.

### **School Meals Program & Living Classrooms**

The School Meals Program (SMP) has become a signature element of the MVP. School meals incentivize enrollment and attendance, and can boost nutrition of children in the MVs. In 2012, some MVs were able to expand their SMP to include Early Childhood Education Centers.

SMPs not only feed students, but can also be used to teach students about nutrition and farming. In some sites, school and community gardens, which provide food for the school meals programs, also serve as “living classrooms” where students learn about different food groups, underutilized local ingredients, and the connection between “healthy soil and healthy people.”

### **Girls' Empowerment Programs**

In an effort to encourage education for girls, impart important health information, and teach helpful life skills, some sites have supported schools to start Girls' Empowerment Programs. For example, the MV of Ruhiira (Uganda) is home to 21 girls' empowerment clubs that educate girls about health, choices, and life skills, while helping to build their self-confidence. Sexual and reproductive health is also often a topic covered in the clubs. In 2012, the program reached 2,000 girls, including through “role model days,” where girls learn about gender equality. Similar initiatives are underway in other MVs.



### Prioritizing Water, Sanitation, and Hygiene (WASH)

On October 15, 2012—Global Handwashing Day—the MVP launched a partnership with Unilever to promote handwashing with soap as a low-cost and effective way to help prevent the spread of pneumonia and diarrheal diseases, leading killers of children under five. This partnership brings together local governments, NGOs, and businesses to help ensure that good hygiene is an international policy priority, and that needed materials, like soap, are affordable and easy to access.

Handwashing campaigns took place in many MV sites in 2012, with events also planned for 2013 and beyond, in an effort to encourage behavior change in the MV communities that can prevent illness and save lives, especially among children under five.

### Preparing Communities for Local Ownership of Infrastructure Improvements

In 2012, the project increased focus on training sessions to make sure communities can manage infrastructure improvements (such as water pumps, water points, sanitation facilities, and off-grid solar energy systems) on their own after project operations conclude in 2015. For example, in Mbola (Tanzania), a technician received training so that he can continue the upkeep of solar power systems in the MV. In other communities, cooperatives received training on maintaining roads and water points, with links made to suppliers for any parts they may require in the future. Empowering communities to sustain project gains is a key priority for the coming years as well.

### Tommy Hilfiger Promise Collection

Launched in April 2012 and sold in stores and online through the summer, this capsule collection of clothing and accessories was



The in-store displays of the Tommy Hilfiger Promise Collection featured clothing inspired by Mr. Hilfiger's travels in Uganda as well as baskets made by a cooperative from the MV of Mayange (Rwanda).

inspired by fashion designer and Millennium Promise supporter Tommy Hilfiger's trips to Uganda. Actress Katie Holmes served as brand ambassador, and photos of her visit to the MV of Ruhira (Uganda) in January 2012 were featured throughout the collection's ad campaign. 100% of Promise Collection proceeds went to support Millennium Promise.

The Tommy Hilfiger Corporate Foundation and employee engagement Ambassadors program continue to be extraordinary partners of the MVP in Ruhira, finding creative ways to raise funds and awareness for our shared cause.

### Partnership with Islamic Development Bank

In June 2011, the Earth Institute at Columbia University and the Islamic Development Bank (IsDB) entered into a Memorandum of Understanding for collaboration on the Bank's Sustainable Villages Project (SVP). Influenced by the MVP, the objective of IsDB's SVP is to reduce poverty in a locality through low-cost, sustainable, community-led interventions. As with the MVP, the scope of the SVP involves (1) sector interventions in rural infrastructure, agriculture, education, health, water and sanitation, and access to finance and business

development, (2) capacity development, and (3) project implementation support.

The current SVP sites are located in Chad, Guinea, Kyrgyzstan, Mozambique, Niger, and Sudan. The SVP is implemented by Governments using funds from low-interest rate loans, and in some cases additional grant assistance, provided by the IsDB. The Earth Institute and Millennium Promise are providing technical and operational support to the IsDB and each of the six country Governments implanting the SVP. EI and MP are also assisting the IsDB and Governments of Djibouti, Somalia, and Uganda on MVP-inspired community-led development projects in the East Africa Regional Drylands.

At the request of the national governments, the IsDB has also approved loans to provide support for the MVP in Tiby (Mali), Potou (Senegal), and Ruhiira (Uganda). The Mali MVP loan became effective in January 2013 and the Senegal and Uganda loans became effective in July 2013. (For an August 2013 update on IsDB support, please see:

[http://www.millenniumvillages.org/press-releases/6-islamic-development-bank-and-earth-institute-partner-to-meet-millennium-development-goals-in-rural-africa.\)](http://www.millenniumvillages.org/press-releases/6-islamic-development-bank-and-earth-institute-partner-to-meet-millennium-development-goals-in-rural-africa.)

### **MVP Tracking and Monitoring Tools**

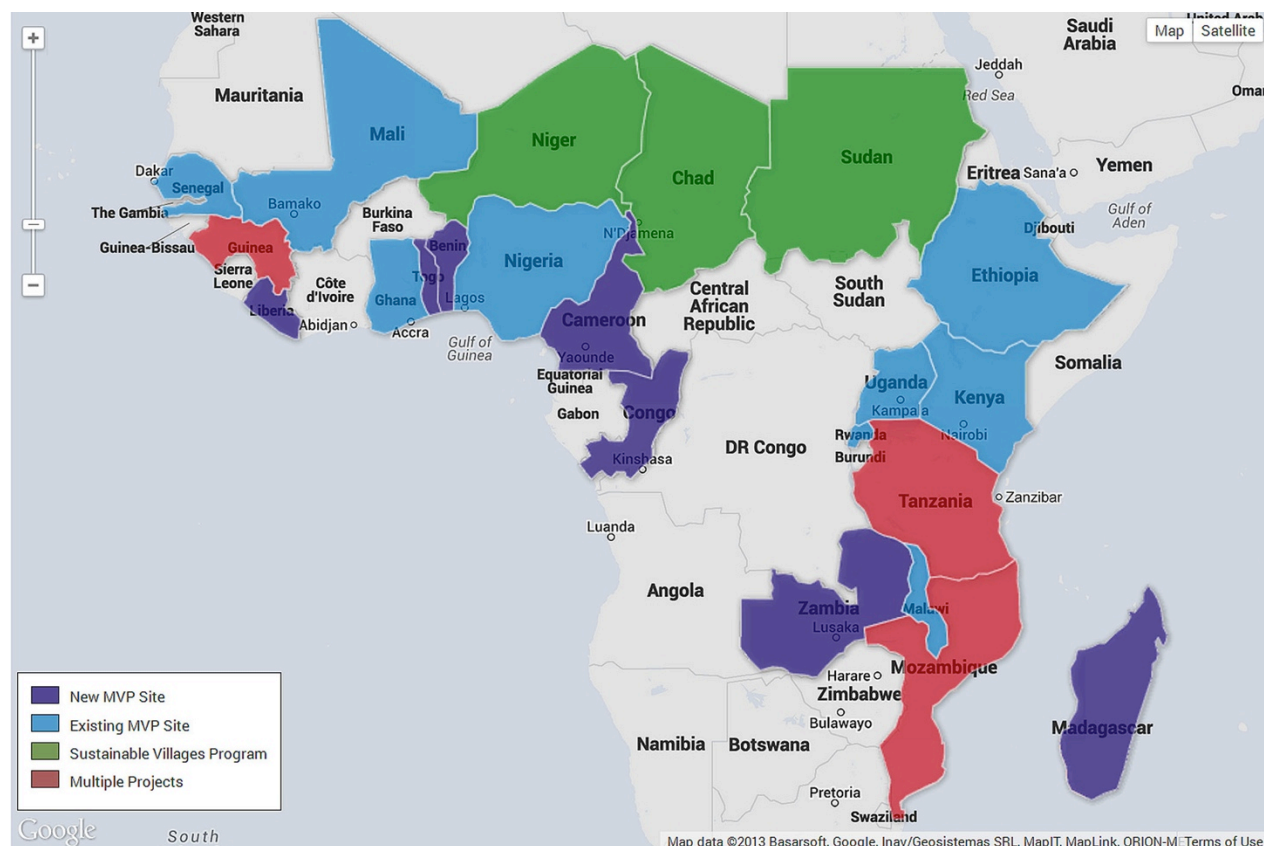
**MVIS:** The MVP relies on a number of tracking and monitoring tools to manage the Project, some of which were launched in 2012. The Millennium Villages Information System (MVIS) is a tool that defines required outcome monitoring indicators within MVP's monitoring and evaluation (M&E) division, and is also the name given to the online database used for all data entry and analysis. Each MV site employs an M&E Coordinator, who is responsible for implementing data collection and outcome

monitoring activities, and regularly entering data into the MVIS system. All outcomes are measured against established targets to determine progress over time and inform strategic decision-making.

**RIFA:** Another tool is RIFA, the Rapid Infrastructure Facilities Assessment, which is conducted in order to have a clear understanding of the infrastructure needs of the cluster. RIFA documents the location and status of key infrastructure within the Project area using Android phones, a method that eliminates the need for paper surveys, improves accuracy of data, and enables the MVP to quickly compile a navigable database of existing facilities.

**Mpango:** A third, tool, Mpango (which means "to plan" in Swahili) is an online project management and analytics tool being developed by Millennium Promise. Mpango integrates the monitoring of multiannual work plans, budgets, and spending, displays results-focused indicators, generates reports, and allows user comments in one central system. Mpango is the central portal that houses output data from MVIS and RIFA systems, as well as financial data generated from the QuickBooks accounting software used by the Project's financial managers.

### 3. Scaling Up & Sustaining Growth



**New MVP-related efforts proliferated across Africa in 2012, reaching 20 countries by late 2013.**

#### INTRODUCTION

The MVP has three overarching goals. The first, and most basic, is to support communities and local governments to achieve the MDGs by 2015. The second goal is to create a set of tools and approaches that can be adapted to a variety of contexts to enable the achievement of the MDGs. And the third is to work with governments around Africa to scale-up MVP interventions and achievements, so that the lessons learned and best practices of the MVP are shared and utilized around the continent. This section summarizes work underway on the third objective.

African leaders across the continent as well as private companies have started to adopt the

MVP model as part of their development planning. Support for such scale-up initiatives continues to be requested by countries within Africa and beyond.

The following countries have begun programs replicating the MVP model as of the end of 2012: Benin, Cameroon, Chad, Congo (Brazzaville), Guinea, Liberia, Mozambique, Madagascar, Niger, Sudan, Tanzania, Togo, and Zambia. Funding partners vary widely and include national and international Governments (including Japan, Norway, Portugal, and South Korea), and private companies (such as AngloGold Ashanti, Vale, and ENI).



As of October 2013, more than 20 countries across Africa are now hosting or starting Millennium Village-related projects. In addition to the new scale up efforts announced in August 2013 by eight countries and the Islamic Development Bank, there are 17 independent new MVP-related efforts under way in 13 countries. (See map of these countries on the next page, and learn more on the Millennium Villages blog at:

<http://tinyurl.com/kerd9xh>.)

The MDG Centers for West and Central Africa (located in Dakar, Senegal) and East and Southern Africa (Nairobi, Kenya) together with Millennium Promise provide technical and operational support to partners involved in many of these sites. A critical part of this support is making ICT-based, open-source tools and systems—such as CommCare and the project management tool Mpango—available to these new sites.

Some of the national scale-up initiatives underway in East and West Africa are described below.

### Islamic Development Bank

The IsDB and its poverty reduction arm, the Islamic Solidarity Fund for Development (ISFD), will finance eight African Governments to implement three major programs:

- The ISFDs new flagship Sustainable Villages Program (SVP)\* in Chad, Guinea, Mozambique, Niger, and Sudan;

- Scale-ups of the Millennium Villages Project in Mali, Senegal, and Uganda; and,
- Implementation of the Drylands Initiative in Djibouti, Somalia, and Uganda.

The funding is provided in the form of Islamic finance (long-term repayments at zero interest rates) to the recipient countries, except in the case of a grant provided to Somalia. All of these countries are members of the bank.

The Earth Institute and Millennium Promise are providing technical and operational support to these Governments. (For an August 2013 update on IsDB support, please see:

<http://tinyurl.com/mgvepm2>.)

### SADA Village in Northern Ghana

The Government of Ghana, through the Savannah Accelerated Development Authority (SADA), partnered with the UK Department for International Development (DFID) and Millennium Promise in 2012 to establish a new Millennium Village site in the northern region of the country. Evidence shows that the northern savannah is not only significantly poorer, but also that progress towards the MDGs in this area has been much slower. As of the end of 2012, the MVP has established a local project team, conducted a baseline assessment, and begun implementation of interventions, projected to reach a population of nearly 30,000 people.

### Nigeria Scale-up

The MDGs play a key role in Nigeria's development efforts and are integrated into national level planning and budgeting processes. Introduced in 2007, the Conditional Grant Scheme (CGS) provides funding to scale-up investment in the MDGs by state and local Governments and supports state and local Governments in allocating increased amounts of their budgets to key MDG sectors. It provides

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\* Influenced by the MVP, the objective of IsDB's SVP is to reduce poverty in a locality through low-cost, sustainable, community-led interventions.

state and local tiers of government the opportunity to submit MDG focused grant proposals concentrating on their priority areas.

The Earth Institute supports the CGS-LGAs process. Over the past three years, the Earth Institute has played a key role in helping LGAs obtain and use data by completing a baseline facility inventory in 113 LGAs that had been prioritized for the first round of CGS-LGAs disbursements. The baseline facility inventory has now been scaled up to encompass all 774 LGAs in Nigeria. Baseline facility inventory data are currently housed in the Nigeria Millennium Development Goals Information System (NMIS), an online, interactive, data visualization website developed by the Earth Institute. NMIS is available for use at the LGA level and is used by local governments for budgeting and planning and to prepare CGS applications for MDG-related funding. NMIS meets a gap that existed in data on health, education and water at the state, LGA, and individual facility level.

#### Rwanda Scale-up (Umurenge Initiative)

In March 2007, the Government of Rwanda (GoR) launched the Vision 2020 Umurenge Initiative (VUP) informed by MVP model and aimed at accelerating poverty eradication, economic growth, and social protection. The GoR and the Earth Institute have recently built on this and are currently collaborating further to design an MDG scale-up program for the VUP founded on the gains and lessons of MVP.

Currently, the initiative has been expanded to 120 sectors, drawn equitably from the country's 30 districts, with the transition towards a broader national program intended for late 2013 and 2014. The partnership, with Rwanda's Ministry of Local Government, over the next three years will fast-track initiatives in irrigation, food security, energy, access to

drinking water, agribusiness and data systems management, based on the technical expertise and guidance of the sector specialists at EI and experiences of the MVP.

#### Mali Scale-up (Initiative 166)

Launched in 2008, "Initiative 166" was designed as a five-year multi-sector program that aims to make significant advances in achieving the MDGs. Initiative 166 was designed after the then-President of the Republic of Mali, H.E. Amadou Toumani Toure visited the MV of Tiby and was impressed by the effectiveness of the integrated development approach and the results that have been achieved thus far. The Malian Government selected the 166 most vulnerable and food insecure districts to implement a variety of interventions similar to those piloted with the help of the Earth Institute team. Initiative 166 targets approximately 2.5 million people, with special emphasis on communities in the northern regions.

Due to the political and military crises in Mali in 2012, Initiative 166 has not started implementation. The MV of Tiby has remained a priority at the local level and despite this turmoil. In late 2012, the Malian Government secured financing from IsDB to continue implementation of the MVP in Tiby for the next 3 years by Millennium Promise and the Earth Institute.

Looking forward, the MVP will continue to partner with host governments on their post-2015 plans to ensure sustainability. Toward this objective, local communities and governments will be empowered to sustain interventions; MV activities will be aligned into the government planning and budget cycles; integration of systems will be integrated; and project staff, equipment and infrastructure will be

transitioned to the government structures and institutions.

### **MVP Influence on National Policies and Global Protocols**

The demonstration of several scientifically proven interventions in the MVP has shown these interventions can be feasibly implemented and sustained at a low-cost. As a result of this demonstration along with advocacy efforts, the MVP has played an important role in helping to define and reshape national policies in several areas, including those illustrated below.

### **Community-based Malaria Prevention and Control Program**

The early diagnosis and treatment of malaria has improved in the MVPs due to both programmatic changes and strong policy advocacy by MVP's Health team. Central to this is the training and equipping of Community Health Workers (CHWs). The improvements are two-pronged: 1) A requirement that all suspected cases require prompt parasitological confirmation by rapid diagnostic tests (RDTs) or alternatively microscopy and that, 2) All CHWs in the MVP sites are now trained and equipped to carry RDTs for malaria diagnosis at the household level, and ACTs for treatment of uncomplicated malaria.

Recent evidence has pointed to much greater confidence of RDT performance vis-à-vis product testing, lot testing, and field experience. In 2009, as the Project's CHW programs matured across the MVP sites, health teams trained all CHWs to use RDTs during household visits to diagnosis malaria in children with fever and to treat uncomplicated malaria with ACTs – thereby expanding diagnosis and treatment of malaria at the community level. In 2010, the WHO changed their position on their

guidelines to diagnose and treat malaria: they now recommend the parasitological confirmation of all suspected cases of malaria through the use of microscopy or RDTs. Since 2008, MVP's Health Sector has heavily lobbied for this shift in international guidelines.

### **Free Mass Distribution of Insecticide-treated Bed Nets**

One of the early “quick wins” of the MVP model included the mass distribution of long lasting insecticide treated bed nets to all sleeping sites – at no cost to the user. The MVP has helped to demonstrate the effectiveness of malaria prevention through providing free bed nets. This resulted from a series of discussions involving multiple agencies – many of which had previously sold bed nets in rural markets. After the initial findings from pilot studies in the MVPs, the WHO issued an updated position paper in 2007 regarding bed net distribution. This is regarded as a seminal publication on the equity and rapid scaling up of insecticide-treated bed nets coverage in Kenya through mass distribution campaigns. As a result, many sub-Saharan African countries began to reshape their policy support in malaria control.

The MVP model of providing free bed nets to all sleeping sites contributed to national malaria policies in countries like Kenya, Mali, Nigeria, and Uganda. Moreover, the model has informed the technical support provided by the MVP to countries applying to the Global Fund, and Senegal, Liberia, Ghana, Nigeria, Sao Tome and Principe, and Djibouti all received grants to fund their national malaria control strategies based on mass distribution of bed nets and parasitological diagnosis and treatment of malaria with ACTs.

### Community Health Worker Remuneration

A significant policy shift with regard to the payment of CHWs took effect in March 2011 at the Ministry of Health in Kenya, following resolutions from the MVP's Health Sector Coordinating Committee held on July 7, 2010. At several meetings sponsored by a consortium of NGOs, the MVP's representatives outlined the effectiveness of Sauri's CHW program based on the MV model of professionalization and remuneration. Continued sponsorship of inter-agency meetings, development of a training manual and lobbying efforts, particularly in Kenya's Ministry of Health helped to usher in a professionalizing scheme for CHWs. This policy change prescribed a monthly payment of Ksh 2000 and a CHW backpack containing essential diagnostic and treatment items.

### 1 Million CHWs Campaign

At the opening of the African Union's 20th session, the new African Union Chairperson, Ethiopian Prime Minister Hailemariam Dessalegn announced his strong support for the new One Million Community Health Workers (1MCHW) Campaign that was launched by Rwanda's President Paul Kagame, Professor Jeffrey Sachs and Novartis CEO Joseph Jimenez at the World Economic Forum in January 2013. The AU Chair and several African leaders agreed that urgent effort is needed for African nations to meet the Millennium Development Goals, and that the new healthcare campaign will be critical to success. The campaign was inspired by the successes observed in the MVP sites across sub-Saharan Africa.

"I believe the One Million Community Health Workers campaign will certainly go a long way in helping us make progress towards achieving the health-related MDGs," said Prime Minister Hailemariam in his opening remarks. As AU

Chairperson, Prime Minister Hailemariam will be working closely with the campaign to train and deploy hundreds of thousands of health workers this year.

### Establishment of MTCT-free Zones in Partnership with UNAIDS

In 2009, UNAIDS Executive Director Michel Sidibe signed a memorandum of understanding with EI, pledging to work on the prevention of mother-to-child transmission (PMTCT) of HIV in Africa. Attended by Presidents at the time, Abdoulaye Wade of Senegal and Yoweri Museveni of Uganda, the agreement aims to prevent women from acquiring HIV, avoid unintended pregnancies, stop mother-to-child transmission of the virus and offer services to women and children affected by the disease.

The agreement also established the Millennium Villages as "MTCT-Free Zones." In these zones, coordinated application of rights-based and evidence-informed best practices in PMTCT could be amplified by community engagement and support, providing access to high quality services that meet WHO guidelines and to overcome social barriers to the uptake and continuation of PMTCT regimens. It reflects a shared commitment to bring together MVP's multi-sectoral and science-based development and primary health care strategy with UNAIDS' expertise in community and family centered PMTCT, along with greater involvement of people living with HIV. The partnership was officially launched with a visit to the MV of Sauri (Kenya), and the site will serve as a model for PMTCT programs.

### **Establishment of the Global Agriculture and Food Security Program (GAFSP)**

The early successes of the MVP's agricultural program led to efforts to establish and launch a new financing mechanism (effectively a "global fund") to support smallholder agriculture. This effort was undertaken in close collaboration with the Alliance for a Green Revolution in Africa (AGRA).

The idea of a global fund for smallholder agriculture first emerged at a special ministerial roundtable meeting held in conjunction with the Yara African Green Revolution conference in September 2007. The conclusions and recommendations of this meeting were captured in the Oslo Declaration and Agenda for Action. The roundtable was chaired by Professor Jeffrey Sachs and included senior Government representatives from 12 African states: Ethiopia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Tanzania, Togo, and Uganda. They were joined by leaders from private sector companies and public sector organizations in an informal discussion on how to proceed.

By highlighting the critical issue of financing and recommending the establishment of a new global fund in support of the African Green Revolution, the MVP helped shape the world's agenda on agriculture and development.



## 4. Sector Updates

This section presents updates on activities in each of the main Project sectors from January 1-December 31, 2012, along with stories from the field.

### Agriculture & Business Development

#### COMMUNITY SPOTLIGHT

##### Meet the Women's Association of Rice Parboilers in Tiby (Mali)

A women's cooperative is expanding their rice parboiling operations with the financial and technical support of the Millennium Villages Project in Tiby (Mali). Parboiled rice has a local niche market, which leads to higher incomes for the all-women members of the Association des Etuveuses de Riz de Dioro (the Rice Parboilers Association of Dioro).

Parboiling (partial or pre-boiling) the rice with the bran still intact improves the nutritional value of the rice. Improved parboiling techniques, along with better storage and handling, have improved the quality of the rice produced at the cooperative.

The MVP had assisted the cooperative in identifying new markets for their product as well. As demand increased, the cooperative actively looked for additional producers for supplies. Workers like Maimouna are now able to pay for the initial cost of the equipment used for parboiling, and later will be able to buy new equipment and rice.

To support this business expansion, the MVP facilitated access to credit from the local Banque Nationale pour le Developpement Agricole. Quality improvements, an ever-growing market, and access to finance are enabling the women's cooperative to grow, and its members to increase their incomes and improve their livelihoods.

As rice sales and business opportunities increase, the inspiring story of the parboilers in Tiby is another example of a small step toward economic development and the end of extreme poverty at the local level.

"The Project taught us new parboiling techniques to improve the quality of our rice," says association member Maimouna Traore. "Now everything we produce is sold. My whole family is living on the profit I make from the parboiled rice."



A member of the women's rice parboiling cooperative in the MV of Tiby (Mali)

## INTRODUCTION

The main goal of the agriculture and business development sector of the MVP is to contribute toward MDG 1, to halve the proportion of people who suffer from hunger and live on less than \$1 a day. Since the Project achieved basic food availability across Millennium Villages sites, the current focus of the sector has been on interventions that contribute to raising incomes including: organizing farmers into Farmer-based Organizations (FBOs) and Cooperatives, increasing and sustaining agricultural productivity, strengthening agriculture monitoring and advisory services, supporting value chain development, and promoting access to financial services. Support from partners including Agrium Inc. and the Mosaic Company made many of the 2012 activities in this sector possible.

## 2012 ACTIVITY HIGHLIGHTS

### Facilitating Connections to Markets

In 2012, a number of agricultural cooperatives were linked to major processors or purchasers. This enabled farmers to secure better deals for their products. Cooperatives in Pampaida (Nigeria), for example, linked with private sector buyers such as Doreo Partners to market their maize surpluses. Similarly, FBOs in the SADA village in the north of Ghana marketed surplus crops via local traders.

### Increasing Access to Financial Services

In 2012, the MVP supported a variety of efforts to assist smallholder farmers in gaining access to financial services for farmers to save their money and receive loans to invest in their businesses.

**Revolving Fund in Pampaida (Nigeria):** With MVP support, farmers contributed \$35,000 to a



Ntji Colibaly tends his rice field in the Millennium Village of Tiby (Mali).

revolving loan fund in 2008. The fund is used to provide loans to farmers to buy inputs (seeds, fertilizers, etc.). At harvest, smallholder farmers pay back 10% of their harvests. Part of the surplus is used to support the local school meals program, while the rest is sold at the market. The profits are folded back into the fund, which in 2012 had grown to over \$300,000. This successful revolving fund was linked to the Central Bank of Nigeria's Agricultural Credit Scheme, which enabled a group of farmers to take out a \$130,000 loan to start an agribusiness.

**Cocoa Finance in Bonsaaso (Ghana):** The MVP continued to assist small cocoa producers in the MV of Bonsaaso (Ghana) to organize around cocoa field schools. These schools are used to train producers on Good Agronomic Practices (GAP). After farmers have completed the field school curriculum, they received a certificate and qualify to be linked with Opportunity International (OI), a micro-finance institution. These farmer-based organizations accessed close to \$400,000 in credit from OI in 2012.

**SACCOs in Ruhiira (Uganda):** In 2012, the Savings and Credit Cooperative (SACCO) in Ruhiira recorded a net profit of more than 150 million Ugandan shillings (about US\$58,000).

**Irrigation Access in Koraro (Ethiopia):** The MVP distributed more than 450 water pumps in 2012 for irrigation to help farmers expand growing seasons and improve crop yields. Recipients paid 25% of the cost of the pump up front and must pay the remainder within two years.

### Strengthening Cooperatives

In 2012, the MVP provided a range of training sessions, while also helping to establish new, specialized cooperatives.

**Dairy Cooperative in Sauri (Kenya):** The New Yala Dairy Cooperative continued to grow in 2012, and is the first recipient of an Investment Fund from the Cooperative Bank of Kenya, and backed by the Soros Economic Development Fund. The funding has enabled the cooperative to purchase better breeds of cattle, improve infrastructure, and purchase new equipment like refrigeration, enabling them to create value-added products like yogurt and fermented milk. The New Yala Dairy Society has grown from delivering 60 liters of milk daily in 2009 to 350 liters daily in 2012.

**Ecotourism Cooperative in Koraro (Ethiopia):** A 55-member ecotourism cooperative was founded in Koraro in 2012, supported by a donation from the UNWTO ST-EP Foundation, which is also supporting ecotourism activities in the MV in Kenya. The group is now working to complete the necessary legal documentation to become a business.

**Craft Center in Mayange (Rwanda):** In 2012, the first phase of construction was completed on the Mayange Craft Center in Rwanda, which will serve as a central location for vocational training in craft-making, as well as a



Support from Agrium Inc. provides funding for activities such as this fertilizer application demonstration in the MV of Koraro (Ethiopia).

marketplace for local artisans to buy materials with group pricing, and to sell their work.

In 2012, one of the cooperatives—the Imirasire Basket Weaving cooperative—received a commercial order from Tommy Hilfiger Company for baskets to be used in the in-store displays of the Promise Collection, a capsule collection of clothing and accessories inspired by Mr. Hilfiger’s travels in Uganda sold to raise funds for Millennium Promise.

**Beading in Ruhiira (Uganda):** Ekirooto is a women’s cooperative in Ruhiira (Uganda) that crafts glass beaded jewelry to supplement the women’s incomes from farming, enabling them to pay for household goods or school fees that they would not otherwise be able to afford.

In 2012, Tommy Hilfiger commissioned Ekirooto to create a jewelry collection exclusively for Tommy Hilfiger employees to purchase. This not only generated income for the cooperative, but also helped pave the way for future commercial orders. All proceeds raised by Tommy Hilfiger from sales of the collection went to support Millennium Promise.

### Increasing Processing Capacity

Processing raw ingredients make them more valuable in the marketplace, enabling producers to sell at higher prices.

**Cassava Processing in Mayange (Rwanda):** The 400-member cassava cooperative in Mayange was able to start a cassava processing plant where they mill the cassava they grow into flour.

**Oil Palm in Bonsaaso (Ghana):** In 2012, the MVP helped establish two oil palm processing mills. By processing oil palm themselves, farmers will cut out middlemen and earn greater profits on their crop. The MVP also helped local farmers establish one oil palm nursery. Over 600 farmers attended a workshop on how to manage these nurseries. As the value chain becomes increasingly owned within the villages, the farmers will become more and more self-sufficient, into 2015 and beyond.

### Diversifying Crops

Promoting farming diversification to include agricultural products other than staple crops is another way farmers in the MVP are finding agribusiness income opportunities while making a more diversified diet available to their family and community.

**Fishponds in Sauri (Kenya):** The MVP helped farmers construct 15 fishponds in 2012. More



Maize fields under cultivation with DAP provided by support from the Mosaic Company in the MV of Bonsaaso (Ghana).

than 30 farmers received training on silage (animal feed) production and fish harvesting, and over 300 farmers received training on pond management, feeding, and predator control. Altogether, farmers in Sauri (Kenya) sold over 100,000 fingerlings (small fish).

**Horticulture in Sauri (Kenya):** In 2012 with the support of the UNWTO ST-EP Foundation, the Project purchased and distributed materials for 20 farmers to build greenhouses to supplement their farming. The MVP was also able to provide at least four local schools with materials to construct greenhouses. The schools will use these “living classrooms” to teach children and support their school meal programs.



## Health

### COMMUNITY SPOTLIGHT

#### Meet a Community Health Worker in SADA (Ghana)

“I am a community health worker from Batuisa. If any accidents happen, they usually call me to see if I can help,” says Elizabeth Kabach, a Community Health Worker (CHW), as well as a mother, teacher, and businesswoman, from the Millennium Village of SADA (Ghana).

Ms. Kabach is the first person in her village go to see when they are sick. As a CHW, she is a vital member of her community. Across sub-Saharan Africa, nearly 10% of children die before reaching the age of 5. Maternal mortality rates are also high and many people continue to suffer from preventable and treatable diseases. However, CHWs are proving to be effective in reducing illness and mortality rates in the rural areas.

As one of hundreds of CHWs serving their communities across the Millennium Villages, Ms. Kabach is helping to improve child and maternal health, as well as public health overall, by delivering essential health care services directly to people’s homes in the remote rural villages where clinics can be hard to access.



Elizabeth Kabach, a CHW in SADA (Ghana). SADA is a new Millennium Village launched in August 2012.

### INTRODUCTION

The evidence is overwhelming that community-based interventions are an effective platform for extending health care delivery and improving health outcomes. With a focus on service delivery at the local level, the health sector framework is designed to ensure effective management, low-cost operations, and universal access to basic health services across the community, including the most vulnerable households.

This framework includes, at its core: 1) a management team that oversees, monitors, and refines the day-to-day operations of the health system, 2) scaled implementation of the MVP model, as well as technical and

operational partnerships at the local, national, and global level, 3) provision of an integrated health service package at low or no cost at point-of-service, and 4) strengthening the continuum of care from household to clinic to referral hospital and emergency transport facilitated in large part by the Project’s Community Health Worker (CHW) system.

In 2012, the MVP health team focused on further development of essential systems and tools to support continued success in the MVs well beyond 2015. The Project is also working to accelerate progress in areas that are lagging, such as increasing usage rates of modern contraceptives. CHWs continue to play a central



role in achieving health goals and remain a core focus of the sector.

In addition, initiatives focusing on Water, Sanitation, and Hygiene—or WASH—are an increasing focus. The Project announced a new partnership with UNILEVER in 2012 to institute behavioral change in personal hygiene and provide greater access to handwashing stations and improved latrines. WASH initiatives like these are aimed at helping further reduce illness and under-5 mortality. Please see section below for more on activities in the WASH sector in 2012.

### Community Health Worker (CHW) Program

Community health workers or CHWs, are one of the innovative approaches of how the Project is advancing healthcare in all sites, household visit by household visit. The CHW program, piloted by the MVP, delivers professional health care directly to households, providing critical basic care to families in remote rural communities and linking them to the larger health system. CHWs are paid, trained professionals who administer essential services—from vaccines, supplements, and malaria tests to pre-natal check-ups and newborn care—and refer patients to the local clinic or hospital when necessary to help communities take better advantage of available health services.

In 2012, there were approximately 800 CHWs working across the MVP. Each CHW in the MVP model cares for 100-200 households, depending on population density and terrain, with each household visited at least once per quarter. When the MVPs began receiving feedback from families that once a quarter was not enough, the Project responded with a more ambitious goal: household visits to pregnant women and children under 5 at least once a month. CHWs

aimed to achieve this more ambitious target in 2012.

In 2012, the MVP introduced a new cadre of Senior Community Health Workers (SnCHWs) to improve the management of the CHW program. SnCHWs are more experienced health workers who oversee the work of a group of CHWs. Supervision training continued throughout the year at all MVP sites.

Due in part to the overall positive effect the CHW program is having in the MVP, a campaign to train and deploy one million CHWs by the end of 2015 was launched by Rwanda's President Paul Kagame, Professor Jeffrey Sachs, and Novartis CEO Joseph Jimenez at the World Economic Forum in January 2013. This 1MCHW campaign will be critical to success as the African Union and many African leaders supportive of this effort recognize that urgent effort is needed for African nations to meet the MDGs. The campaign was inspired in part by the successes observed in the MVP sites across sub-Saharan Africa.

### e-Health and CommCare

Accurate and real time reporting of health activities, outputs, and outcomes—with regular feedback to front-line users—has the potential to markedly increase the speed at which health interventions are refined, allowing for quicker course corrections, while addressing the needs of vulnerable groups, reducing health inequalities, and improving the quality of care. Because of this, the MVP prioritizes developing and using ICT-based “eHealth” tools to record data and track health metrics. The MVP's eHealth programs utilize a mobile phone-based (or “mHealth”) platform to support 1) data collection, 2) case management decision-making, 3) health system linkages, and 4) management and supervision of CHW cadre.

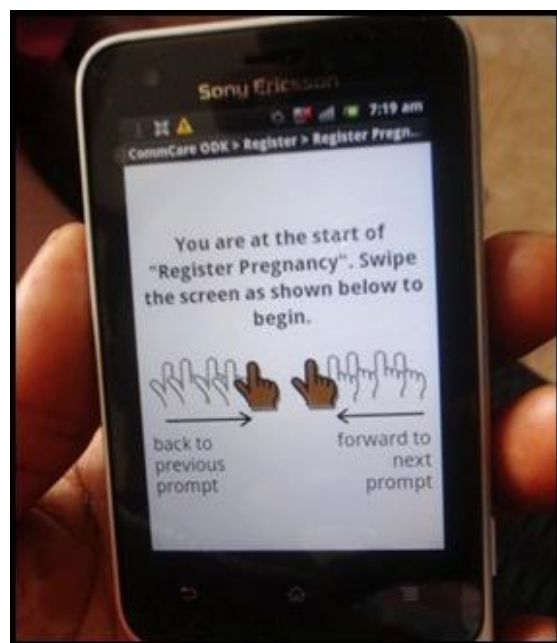
**CommCare:** In 2012, the MVP began roll out of a new cloud-based mHealth system called CommCare, a user-friendly smart phone-based system for CHWs that improves point-of-care service through decision-making guidance while collecting regular data that can be easily accessed by managers from a cloud-based server for better program oversight.

The CommCare tool collects data recorded on CHW's phones during household visits, and automatically uploads it to the cloud-based central system once they are in range of service again, eliminating the connectivity challenges of past MV eHealth tools which were based on SMS messages and use of local servers. The system is able to prompt CHWs through certain types of care or answer CHW questions, supporting clinical decision making, all without cell service. This means that CHWs can consistently provide better care to those in need, even when working in the most remote areas.

The CHW initiative draws heavily upon CommCare to help track, treat, and follow up with patients, as well as to assess the effectiveness of each CHW and measure health-related indicators, thereby facilitating improvements in public health overall.

As CommCare was rolled out across the MV sites in 2012. The MVs distributed smartphones to the CHWs, provided training on using the new system, and hired staff to manage the system.

**Other eHealth Applications:** A new tuberculosis (TB) eHealth tool was piloted in Ruhiira (Uganda) in 2012. In TB care, health workers need to make sure that patients stick with the full course of 6-months of medications to both



A smartphone running the eHealth tool CommCare.

ensure that the patient is cured and to reduce the incidence of drug-resistance. In this pilot, the health workers carried a laptop with a fingerprint scanner to each household with a TB patient. After each patient takes their medicine, observed by the CHW, they touch their fingerprint to the scanner and the data is captured on the laptop and can later be easily compiled. This eCompliance tool has not only helped reduce the number of people who stop treatment early but also decrease mortality rates significantly.

Some MVs have also built an open MRS, medical record system, helping to make it more tailored to community needs. For example, in the MV of Mayange (Rwanda), the MVP supported family planning services by designing a specialized form for data entry in the MRS so they could better track and meet the needs of patients. Increased uptake of family planning is an important health goal in the MVs, linked to reductions in maternal mortality and improvements in gender parity. Tailored EMRs

support health workers in better following up with patients on this important health area.

### Vital Statistics and Verbal Autopsy

Vital Statistics and Verbal Autopsy (VSVA) is another priority system in the MVP. CHWs identify and report on births and death events in each community within weeks of the event and have them verified. Then, a trained Verbal Autopsy (VA) specialist (a CHW supervisor or manager) is sent to the household to interview the caregivers to clarify a deceased person's symptoms and relevant circumstances preceding death to determine the medical causes of and circumstances that led to the death. The VA specialist uses a questionnaire on an Android phone, which has an algorithm to determine the cause of death in most cases based on the answers provided. This information is then fed back to the health coordinator, who discusses the finding(s) with the clinic and outreach personnel in order to take action to prevent similar situations from recurring.

### “Helping Babies Breathe” Program

In Potou (Senegal) in 2012, midwives and nurses received training in “Helping Babies Breathe” (HBB), a program designed to improve newborn survival rates in low-resource settings. The premise of HBB is that every birth should be accompanied by a skilled birth attendant, or by someone trained to safeguard the Golden Minute, the first minute of a newborn's life.

HBB training, conducted across all MV sites, teaches health professionals to swiftly support the newborn in the first minute after birth by assessing the baby, providing temperature support, stimulating breathing, suctioning nose and mouth, and providing assisted, room-air ventilation if necessary. These simple steps can reduce the risk of newborn mortality in the first



A community health worker measures the arm circumference of a child to assess his nutrition level.

minutes of life. The MVP is a partner in a Global HBB initiative.

### Child Nutrition

The MVs have continued to push for better monitoring and treatment of childhood malnutrition. The MVP has embraced an integrated approach to this challenge since the beginning by helping farmers and families grow and prepare more nutritious foods, improving access to safer drinking water and good sanitation, and providing access to life-saving supplementary and therapeutic feeding programs.

The MVP is also taking part in a nutrition program that focuses on the first 1,000 days of life from the start of pregnancy through a child's second birthday. This nutrition work is cross-sectoral, touching on the Project's work in agriculture and education as well as health. Nutrition teams are tracking these first 1,000 days in real-time, village-wide. The teams are regularly monitoring and evaluating progress, determining which interventions are working and what the costs are.

School and community gardens, which provide food for the school meals program, also serve

as “living classrooms” where students learn about different food groups, underutilized local ingredients, and the connection between healthy soil and healthy people.

To complement this focus on nutrition, CHWs are trained to measure mid-upper arm circumference (MUAC) to identify children who are acutely malnourished and provide them with the care and supplements they need. CHWs conduct monthly MUAC measurements on all children 6-59 months old during routine household visits. Children who are at risk of malnutrition are then referred to the health facility for further assessment and enrollment in a supplementary feeding or therapeutic feeding program.

In many sites, community events were hosted to inform families about vaccinations, complementary feeding, and exclusively breastfeeding children to boost child health in the region. In the MV of Tiby (Mali), health workers successfully managed a malnutrition outreach campaign that reached over 1,000 children, identifying children with moderate and acute malnutrition. In addition, they provided treatment for intestinal worms for nearly all the children.

Overall, the MVP health team is striving to provide a continuum of care with nutrition from before birth through school.

### **Women’s Reproductive and Maternal Health**

The health sector is helping close the gap on MDG 5 and improve the lives and health of women in the Millennium Villages. In 2012, one focus in maternal health was to ensure that more women were receiving antenatal care as early and frequently as possible. To this end, training sessions were held to help CHWs



Pre- and post- natal care for mothers and newborns, like the ones pictured above from Bonsaaso (Ghana), is a priority across the Millennium Villages.

identify women’s pregnancies early and help them access antenatal care.

CHWs have also worked to increase the number of women giving birth at health facilities instead of at home. In some sites like Mbola (Tanzania), they were able to help increase institutional births in part by improving the security of patients traveling at night, when possible with local police escorting women and children to regional hospitals when referrals are made by CHWs.

CHWs in Bonsaaso (Ghana) are receiving training from the MVP and government medical offices on the active management of post-partum hemorrhage, one of the leading causes of maternal mortality, and retained placenta, where the placenta does not properly detach during childbirth, leading to post-partum hemorrhage and often maternal death. Knowing how to handle these serious complications can save the life of a mother experiencing complications.

**Access to Long-term Family Planning:** Increased family planning uptake was seen in many villages in 2012. This is a result of combined efforts to improve the supply of family planning products, provide counseling to families on family planning, and integrate discussions about family planning into other health services.

For example, in Mbola (Tanzania), CHWs and facility health workers were able to extend family planning services to over 1,000 women in the first quarter of the year alone. They were also able to significantly boost the number of clients receiving IUCD, one type of long-term, reversible family planning device. Also, health workers in Tiby (Mali) introduced family planning methods, including birth control pills and condoms, which were well received by women in the community.

Many MVs have also encouraged men to take part in family planning discussions by inviting them to attend antenatal and postnatal care visits. For example, the MV of Sauri (Kenya) launched a “male champions” program in 2012 to support healthy pregnancies and the prevention of mother-to-child transmission of HIV (PMTCT).

**Adolescent Sexual and Reproductive Health:** Adolescent sexual and reproductive health is another area of attention across MVP sites. Programs were launched in 2012 to engage youth in conversations around sexual and reproductive health, and to encourage parents to initiate these types of conversations with their children.

The need for addressing this area is great. In Ruhiira (Uganda), for example, many young women (up to 80% according to a 2010 survey) are having sexual relationships with older men in exchange for cell phones or money or to gain

prestige, a practice known as cross-generational sex. In an effort to address this issue, the Eminyeeto Girls’ and Young Women’s Empowerment Program was launched. It has grown from 30 girls to nearly every girl aged 14-18 across all of the cluster’s 21 primary schools. The weekly program is fully integrated in the school curriculum and encourages not only the girls and women, but also parents and young men to discuss gender issues and alternatives to this practice that can have negative consequences for a girl’s health and self-esteem.

Other MVs are also actively addressing the challenges faced by adolescent girls. Over 50 primary and secondary school teachers in Potou (Senegal) took part in a training session on adolescent reproductive health in 2012, for example. They can now help their students understand reproductive health, helping to reduce teenage pregnancies and keep teens in school. Similarly, Mayange (Rwanda) held a five-day, community-based campaign around adolescent sexual and reproductive health. The campaign centered on the topics like puberty, reproductive systems, and HIV and other sexually transmitted diseases. Over 2,000 adolescents took part in the campaign and afterwards a reproductive health club was established.

### Training and Supporting Midwives

The MVs, in concert with local and national governments, worked in 2012 to increase the number of skilled birth attendants in the cluster. Skilled birth attendants are essential to reducing maternal and infant mortality. (See discussion of Helping Babies Breathe above.)

For the women who cannot deliver in health facilities and do deliver at home, the project undertook a Misoprostol study in Bonsaaso



(Ghana) in 2012. This program documented the feasibility of administering misoprostol as a prophylaxis for post-partum hemorrhage (PPH) if delivery took place outside of a health facility. This pilot is part of an effort to get this simple, life-saving medication to women delivering at home in low-resource settings, as the typical medication requires refrigeration and an injection, which is not feasible in most home births. Misoprostol is a heat-stable pill, which is easy for nurses and CHWs to administer to women in labor. The pilot concluded in June 2012 with national stakeholders and the National Health Service of Ghana agreeing to start scaling up the project in October 2012.

### Disease Prevention and Treatment

**HIV/AIDS:** The MVP is part of a partnership on PMTCT with UNAIDS, working together and with governments to create “MTCT-free zones” using community engagement, high-quality health services, and appropriate follow-up and support to ensure the uptake and continuation of PMTCT regimens. This program has spurred other nearby villages outside the MV to initiate similar PMTCT programming.

Other HIV/AIDS related activities in 2012 included education talks like those held in Potou (Senegal) with a women’s group that organized nine radio shows about PMTCT. They also helped monitor infants born to HIV-positive mothers to ensure that they were born and stayed HIV-free.

There has been a nearly threefold increase in the proportion of adults who have been tested for HIV in the past 12 months in the MVs thanks to testing campaigns across several sites. For example, the MV of Ruhira (Uganda) tested over 22,000 people in the cluster for HIV/AIDS, with the support of health messaging around

HIV/AIDS during a monthly radio talk show supported by MVP.

Similarly, as part of National HIV Testing Week, Mwandama (Malawi) hosted nine testing sites where over 1,500 people were tested. In Tiby (Mali), health workers tested over 2,000 community members for HIV, and nearly 5,000 community members marked World AIDS Day on December 1 in Mbola (Tanzania), with over 200 getting tested for HIV. Mbola is proud to maintain a lower antenatal HIV prevalence level than the district overall.

**Tuberculosis:** Screening, treating, and monitoring of tuberculosis, or TB, was also a continuing priority in 2012 in the MVs. TB is a common co-infection with HIV. One of the major challenges in treating TB is the duration of treatment, during which many patients stop taking their medications, and the growing prevalence of drug-resistant and multi-drug resistant TB, which makes the treatment more complicated and more expensive.

In an effort to make treatment easier, the MVP in Ruhira (Uganda) worked with the Ministry of Health to accredit two new health centers to diagnose and treat TB. This has improved care for those living nearby, as they no longer have to walk as far to get their medicines each day, so they are more likely to stick with treatment. Similarly, in Sauri (Kenya) health workers identified and treated patients with TB with about 75% completing the treatment regimen.

**Malaria:** Malaria continues to be a challenge across the MVP. The health teams and community members are working to improve prevention and treatment of the disease and while gains have been made, it requires a continuous effort that cannot be relaxed, even when gains have been achieved.

In addition to Long Lasting Insecticidal Nets (LLINs) for malaria prevention, high quality point of care diagnostics like rapid diagnostic tests (RDTs) have improved malaria diagnosis and monitoring by making it possible to test every suspected case to clinics and in the community, with CHWs testing for malaria at the household level. Parasitological confirmation of malaria cases before treatment has improved not only the quality of care but also the quality of information collected for monitoring, evaluating impact and improving program planning.

A growing focus on supply chain management has helped to ensure that needed commodities such as LLINs, RDTs, and antimalarials are in stock and can be delivered in clinics and in the community through the CHWs.

Furthermore, the targeted use of Indoor Residual Spraying (IRS) in particularly hard-hit areas has helped to reduce malaria incidence in the MVs. IRS coats the walls of households with insecticide that remains effective for several months and kills the mosquitos that carry malaria.

In addition, the health teams in the MVs are working with partners to enhance our understanding of the local epidemiology of malaria in the MVP, to better tailor interventions. For example, the Project partnered with Sumitomo Chemical,

manufacturer of Olyset® LLINs, to evaluate the durability and efficacy of the nets under real life conditions of utilization. In addition, health teams in Ethiopia are studying drug resistance in the *P. vivax* strain of malaria.

### Infrastructure in the Health Sector

The MVs in 2012 saw health care infrastructure improvements that will amplify the other system improvements. For example, two health clinics are now open 24-hours a day, seven days a week in Mwandama (Malawi); one of these clinics was wired and is now connected to the national electricity grid.

Efforts in Mayange (Rwanda), for example, have focused on building strong infrastructure to support health interventions. In 2012, they built two community health education centers and one nutrition demonstration center to help educate the community around major health issues. They also introduced decentralized outreach health services at two health posts which will now offer new services like family planning, immunization, antenatal care, and PMTCT three days a week. The two health posts were connected to the electricity grid, which enabled additional services, like tool sterilization, refrigeration for medications and vaccines, and so on, to be performed from posts instead of at the main health center alone, bringing essential services closer to the people who need them.

## Education

### COMMUNITY SPOTLIGHT

#### Sports Festival Boosts School Enrollment in the MV of Pampaida (Nigeria)

The warm September air was alive with the chants of proud parents and children's laughter as the 2012 Pampaida MVP Sports Festival got into full swing. Held over four weeks, the festival drew participants from more than 30 schools with an exciting blend of healthy competition and education advocacy.

Enthusiastic children from the Millennium Village participated in their favorite sports—from table tennis to track to football—while the Community Education Workers (CEWs) and state education officials who organized the festival invited parents to take part in a mock school registration. This demonstration showed parents how to enroll their children while providing education workers with contact information to follow up when actual enrollment time comes.



Holding sporting events like this soccer match in the MV of Pampaida (Nigeria) is one way the education sector is working to attract more children to enroll in school.

### INTRODUCTION

Ensuring that all school-age children receive a full course of quality primary education is the focus of MDG 2 and the main goal of the MVP's education sector. To reach this goal, the Project works with local, national, and international partners, as well as governments at the district, regional, and national levels to help increase access to quality primary education.

Since its launch in 2005/06, the MVP has built and renovated school buildings, introduced the school meals program, reduced social and economic barriers to school participation, supported teacher training to boost the quality of education, and facilitated broadband connectivity for many schools. To improve gender parity in education, the Project has also supported community awareness campaigns on the importance of education for girls, and

increased availability of girls clubs and gender-separate latrines.

Despite increased access to primary education, many students still are not completing primary school. The MVP is seeking to better understand and address this problem by deploying a cadre of Community Education Workers (CEWs). The CEW model is founded on the premise that strong community outreach and engagement will strengthen the education interventions in the community and the schools.

The sector also plans to engage in further discussions with the local government on the supply, recruitment, and remuneration of teachers to address challenges of teacher shortages and high student-to-teacher ratios. Additionally, ministries of education, in

conjunction with the MVP education staff, will plan for closer supervision and monitoring of schools to address the high rate of teacher absenteeism in some sites.

## 2012 ACTIVITY HIGHLIGHTS

### Community Education Workers

Universal primary education (MDG #2) is a key priority of the MVP. To accelerate progress, the MVP launched the Community Education Worker (CEW) program, drawing on the successes of the Project's Community Health Worker initiative. In 2012, sites across the MVP piloted the CEW program, employing low-cost, dedicated extension officers for community outreach to identify children that are not enrolled in school or are at risk of dropping out.

The role of CEWs is to help ensure that children enroll in school at the age-appropriate time, explain to the community the importance of education, conduct community outreach for age appropriate enrollment in primary school, conduct sensitization on gender issues, and help tutor students who are transitioning back to the classroom.

In 2012, the CEW program was piloted in the MVs of Mwandama (Malawi), Pampaida (Nigeria), Mayange (Rwanda), Mbola (Tanzania), and Ruhiira (Uganda), with plans to roll out project-wide in 2013.

### Boosting School Enrollment and Attendance

All of the MVs worked in 2012 to enroll more children in school. The MVP is working with communities to make sure that every child enrolls in school at the correct age and stays to complete secondary school. Age-appropriate enrollment is important because it reduces the likelihood that a child will drop out.



A girl at school in the Millennium Village of Tiby (Mali).

In addition, the sector is working to address issues of child employment in local businesses and child marriages, which contribute to children not attending school.

In 2012, Ruhiira broadcast 20 radio programs to reach out to the community about the need to send children to school and to ensure that students were enrolled at the right age. This helped reinforce messages from CEWs and local leaders.

Pampaida (Nigeria) also had success with a creative approach to boosting school enrollment. As described in the story opening this section, this year they held a sports festival, which included mock school enrollments. The festival attracted around 1,500 attendees and informed community members about the importance of education for their children.

Another example of creative education outreach in 2012 comes from the MV of Tiby (Mali) where the community explored the integration of formal and religious learning. The MVP worked with six local Koranic schools to implement a standardized curriculum to complement their religious studies. Similar efforts to incorporate Koranic schools into the

formal education system are underway in the MV of Potou (Senegal), as well.

Transportation was also identified as a barrier to school attendance in some sites including Tiby. For instance, the children residing in the village of Tiemba have always faced difficulties attending school during flood periods, as the village is separated from the school by an irrigation canal. A newly purchased canoe will help children get to school despite seasonal floods.

### Preschool and Early Childhood Development

Preschools continued to be a priority for the MVP education sector. Having children start in preschool programs at age 4 or 5 helps prepare them to begin primary school at an age-appropriate time, which in turn helps them stay enrolled. Preschool programs in Koraro (Ethiopia), for example, begin with sending 4 and 5 year olds to a central homestead (called “child to child”) to socialize with their peers. At age 6, parents are encouraged to enroll their child in “Zero Class,” a pre-school learning program, and to then enroll their child in primary school at the standard age of 7.

Some MVs, including Mayange (Rwanda), are incorporating free school meals into their preschools, which help to attract children to attend school while also boosting nutrition for enrolled students.

### Girls’ Education and Empowerment

Across the MVP, an emphasis on education for girls is a mainstreamed priority, because making schools safe and comfortable for girls is key to keeping girls in school.

For example, nearly all of the Connect To Learn (CTL) initiative’s scholarships are awarded to



Students in most MV sites, including in Sauri (Kenya) shown here, benefit from the school meals program.

girls, helping them cover what may otherwise be prohibitively expensive fees for tuition, uniforms, and supplies. And the benefit of gender-separate latrines at schools is now widely recognized across the MVP as supporting girls’ attendance. This is now a priority of the Project’s Water, Sanitation, and Hygiene (WASH) sector as well.

The MVP is addressing other challenges to girls’ education, especially adolescent girls. Making sure girls have access to sanitary pads is one way the Project is trying to improve girls’ attendance, by making it more feasible for girls to stay in school all month long. In Sauri (Kenya), for example, more than 2,000 girls in 33 schools received sanitary pads donated by Proctor & Gamble to help them stay in school throughout the month. Sauri is also looking into purchasing sewing machines and offering training sessions to girls to learn how to make reusable sanitary pads.

In Mbola (Tanzania), the MVP provided training to over 250 adolescents on sexual reproductive health and engaged 300 community members, both adolescents and parents, on the importance of education, adolescent reproductive health, the impact of early



pregnancies, gender-based violence, and life skills.

Girls' empowerment clubs are another way the education sector is addressing the need to support girls in school. In Ruhiira (Uganda), for example, 21 role model clubs are hosted at local schools to support girls' empowerment. The teachers who manage the clubs have had special training in this area. The clubs hosted six "role model days" in 2012, which reached around 2,000 girls with lessons on being assertive and valuing themselves.

This program serves as a model for other villages. Bonsaaso (Ghana) created 22 gender clubs to boost gender parity in its schools. As part of this initiative, they trained 120 mentors,

both male and female, in how to create a positive learning environment for girls in their schools.

### Investing in Quality Education

As CEWs work to boost school enrollment and attendance, the MVs are also working to improve the quality of education provided. Part of this involves better training of and support for teachers, and part focuses on improving infrastructure and resources with new libraries and classrooms, and connecting schools to electricity and the Internet.

In the MVs of Potou (Senegal), Ruhiira (Uganda), and other sites, teachers received training to enhance their teaching skills and communication skills in 2012. In Mbola

### Sustainable School Meals Programs

MVP sites tried new methods to implement and sustain their school meals programs in 2012. The MVP in Ruhiira (Uganda), for example, formed and registered an SMP cooperative, which will bolster the sustainability of the program. In addition, they are working to purchase a maize processing mill, which will bring down costs and allow for the long-term success of the program.

In Bonsaaso (Ghana), the MVP helped schools create gardens to support their SMPs. Twenty schools in Mbola (Tanzania) received farm inputs to raise food on 80 acres of land for use in the SMP.

In Sauri (Kenya), the schools hosted 4K Clubs, an extracurricular program that teaches students about modern farming techniques and cash-crop innovations. The food grown by the 4K Clubs goes toward the SMP and any surplus is sold at market, with the money reinvested into the school.

Six schools in Sauri now also have "living classroom" greenhouses, enabling students to produce tomatoes regardless of growing season. Some schools now even have livestock, like chickens and dairy goats, and some schools in Sauri and Mayange have benefitted from the donation of dairy cows thanks to Robert and Shari Kozma and a small consortium of donors in California.\*

Many MV communities are committed to finding ways to ensure the continuation of the SMP beyond 2015, as they have seen the considerable benefits the program brings to their children.

*\* Alec and Sherry Bash, Paul and Danice Fagin, Wilford and Anna Hoover, Eric and Connie Jorgensen, Bob and Shari Kozma, Donald and Mimi Leslie, Sandra Lipkowitz, Richard Meyerson, Don and Ann Morehead, Robert J. O'Connell, Henry and Karin Safrit, Paul and Barbara Sonnenblick, Robert and Jillian Tessler, David Tieche and the Family Community Church of San Jose, and Donald Weil.*

(Tanzania), the MVP supported a group of teachers to participate in the Teaching in Action program, in collaboration with Mwenge University in Moshi, Tanzania, where teachers received training on learner-centered pedagogy, classroom management, and subject specific support.

Skills assessments for students also help improve quality of education. Community level learning assessments were conducted in partnership with UWEZO, a nationally recognized literacy assessment, in the MV of Sauri (Kenya). A group of local volunteers surveyed 737 children in 348 households on both basic literacy and numeracy. In Mwandama (Malawi), CEWs piloted a Village Learning Center program in which they gathered school age children in community spaces to participate in basic learning activities to prepare them for the upcoming school year.

### School Meals Program (SMP)

School meals have become a signature element of the MVP. Free school meals help provide a more nutritious diet for children, which is good for their health and also enhances their performance in school. In addition, school meals incentivize attendance and enrollment.

In 2012, 11,000 students in Ruhira (Uganda) received school lunch, allowing them to the number of hours per week they spent at school. In Mwandama (Malawi), nearly 5,000 students in six schools received school meals. The team in Pampaida (Nigeria) successfully expanded their SMP to cover 30 primary schools, reaching over 5,000 students. In addition, the Mayange (Rwanda) strengthened the meals program in their preschools so all eight preschools now provide porridge and eggs for the children.



A dairy cow provided to the to Muhanda Primary School in the MV of Sauri (Kenya) in 2012 to support the school meals program. Made possible by Robert and Shari Kozma and a small consortium of donors in California (listed on the previous page).

In 2012, our Japan-based partner TABLE FOR TWO generously supported the school meals programs in four sites: Koraro (Ethiopia), Mayange (Rwanda), Mbola (Tanzania), and Ruhira (Uganda).

### School Infrastructure

Although most infrastructure projects were completed during Phase I of the MVP, continuing to improve school infrastructure remains a priority. Many MVs built additional classrooms and schools in 2012. In Pampaida (Nigeria), the MVP constructed a library and science laboratory at the Pampaida Junior Secondary School.

To address the challenge of ensuring full teacher attendance, the MV of Mbola (Tanzania) constructed living space for teachers nearby a local school. They realized that one of the major reasons for high rates of absenteeism among teachers was the long distance they had to travel each day. By providing housing on-site, the teachers were present to teach every day.

### Information and Communications Technology

Information and communications technology (ICT) also enhances learning, connecting students and teachers to a broader array of resources than is available locally. Computers in schools help teachers to better track student progress and better prepare for their classroom time. In Ruhiira (Uganda), 500 primary school children are using ICT to complement their classroom learning. In Mwandama (Malawi), the MVP provided 50 computers for two secondary schools in the cluster.

The CTL initiative also connects African teachers and students with classrooms in the United States via Skype, email, and learning management platforms like Moodle, facilitating cross-cultural learning experiences. For instance, in 2012 classrooms in Mbola (Tanzania) were connected with classrooms in Connecticut for rich, hour-long exchange sessions.

### Connect To Learn

Connect To Learn (CTL) is a global education initiative to support greater access to secondary education, especially for girls, alongside increased broadband connectivity in schools. By mobilizing a coalition of visionary ICT industry leaders—including Ericsson, Airtel, MTN, Tigo, and others—CTL is helping ensure that every girl and boy has access to a 21<sup>st</sup> century secondary education. CTL provides multi-year scholarships for promising students who need financial support to attend secondary school. In addition, CTL schools where Scholars are enrolled are provided with Internet access and a set of 25-50 netbook computers each.

In 2012, CTL secured 628 new multi-year scholarships for girls, bringing the total number of CTL Scholars to 665. Altogether the CTL new

initiative launched its scholarship program in 10 sites in 2012, and extended scholarships to additional students in the two original sites of Bonsaaso and Mbola. The program is funding scholarships for 25 to 90 girls in each cluster. By the end of 2012, CTL's ICT programs were active in 12 MVP schools across six sites, with 366 netbook computers installed.

CTL Scholarships Awarded in 2012	
Site	# New Scholarships
BONSAASO (Ghana)	50
DETRU (Kenya)	13
KORARO (Ethiopia)	90
MAYANGE (Rwanda)	40
MBOLA (Tanzania)	30
MWANDAMA (Malawi)	50
PAMPAIDA (Nigeria)	90
POTOU (Senegal)	90
RUHIIRA (Uganda)	50
SADA (Ghana)	25
SAURI (Kenya)	50
TIBY (Mali)	50
<b>TOTAL</b>	<b>628</b>

In October 2012, CTL launched a collaborative action research study, funded by Ericsson, aimed at identifying best practices for integrating ICT into resource-poor classrooms. As part of this project, teachers in the MVPs of Sauri (Kenya) and Ruhiira (Uganda) secondary schools received monthly professional development and regular support of their growing ICT and pedagogical skills. Connectivity also provides students and teachers the chance to learn collaboratively with their peers in other countries through CTL's School-To-School Connections (S2SC) program. For instance in 2012, classrooms in Mbola were connected with classrooms in Connecticut for rich, engaging hour-long exchange sessions via Skype.

## Infrastructure & Energy

### COMMUNITY SPOTLIGHT

#### Off-grid Solar Energy in Tiby (Mali)

Modibo Coulibaly of Tiby (Mali)—pictured at right—lives too far from the main line to access the power grid. But thanks to the MVP and SharedSolar, he now has electric lights and power supply.

“Before the solar power system was installed,” he said, “I used kerosene each night to light my house. For US\$ 0.10, I would have light for two nights. And I used lamps that needed to be replaced frequently.”



Electricity can be supplied efficiently and cheaply from a central source. With the installation of solar power systems in more remote villages, it not only reduces the amount of money a family spends on energy, but can simplify things, too.

With the SharedSolar system, each home has a meter to track their energy use. Customers can make a payment using a scratch card or add credits via SMS.

Now, Coulibaly says, “For US\$1, I have seven to eight days of power. Many difficulties have been resolved with power – I no longer have to go to another village to pay to charge my cell phone. There is more freedom with this natural energy source, available right at home.”

### INTRODUCTION

Investment in energy, roads, information and communications technology (ICT), and water infrastructure is crucial to achieving the MDGs. The scarcity and generally poor condition of infrastructure in the MVPs at the start of the Project was representative of sub-Saharan Africa and other areas of extreme poverty. The broad objective of the MVP’s Infrastructure and Innovation sector is to increase the number of people with access to modern energy, transportation, communication services, and water and sanitation by 2015.

### 2012 ACTIVITY HIGHLIGHTS

#### Access to the Electricity Grid

When households and businesses gain access to electricity, people become empowered to work more flexibly after sundown without expensive and polluting kerosene lanterns, and become able to power tools and equipment that expand business opportunities. Furthermore, the connection to the electric grid to power lights, equipment, and refrigeration can mean the difference between life and death.

In the MV of Potou (Senegal) in 2012, for example, access to electricity provided many benefits. The Project connected a number of health facilities to the electricity grid, including the maternity ward in Ndialègne and the health clinic in Ségou. The community also strengthened the solar power system at the maternity wards in Syer and Ndialékhar. This enabled health care workers to improve the quality of care provided to patients, particularly in cases requiring emergency obstetric care. In addition, by connecting the small dairy in Léona to the grid, that business can now more rapidly improve its output.

In the MV of Mayange (Rwanda), five primary schools, three health facilities, and a number of local business centers and other community institutions were connected to the electricity grid in 2012, along with over 500 households. Households are able to stop using kerosene lanterns once they are connected to the grid – this is both a health benefit and good for keeping their expenses down.

The MV of Mwandama (Malawi) facilitated agreements for government contributions of funds, equipment, and expertise to link households to the electricity grid in 2012. The MVP team then met with and assessed households' readiness to connect and got the Mwandama Health Clinic, primary school, and some new households on the grid.

Over 100 households in the MV of Sauri (Kenya) took advantage of a MVP subsidy on electricity to connect their homes and businesses to the grid in 2012. The connected households have already benefited, starting small businesses like milk storage and welding, with their new, reliable power source.



Amadou Coumaré maintains the drinking water supply in the Millennium Village of Tiby (Mali). This solar-powered water pump feeds the MV's piped water system.

In 2012, the MV of Bonsaaso (Ghana) saw four medical and four ICT facilities, along with six communities fully connected to the grid. Small businesses in those communities have also benefited from reliable, efficient power.

In many sites, a combination of on-grid and off-grid electricity solutions is needed. For example, in an effort to make off-grid systems sustainable, the MVP in Mbola (Tanzania) trained a local technician to maintain solar photovoltaic (PV) energy systems. A Panasonic Life Innovation Container (LIC) is being used to provide power to a primary school and a water point. The TV and refrigerator in the unit are used daily by both the community and the school.

### Transferring Road Maintenance and Transport to Local Ownership

Roads are what enable circulation in a community, tying it together and connecting it to other villages and cities—and their many resources—both near and far. As such, roads are indispensable for improving livelihoods, and are central to improvements in other sectors as well, and must be maintained to remain beneficial.



In 2012, Mwandama (Malawi) held a community leaders meeting on Katete Mkumugwa Road maintenance. The road maintenance was completed with community laborers. In addition, the community coordinated with the government to help assess, repair, build, and improve all-weather roads in the area. The government supported some of the maintenance through its cash-for-work program.

As another example, over 30 km of road in Bonsaaso (Ghana) was rehabilitated in 2012, with the Ghanaian government helping to construct concrete culverts (which manage water flow beneath the road bed) for the community. And in Ruhiira (Uganda), 40 km of road was graded and paved in 2012, boosting access to markets, health facilities, and educational institutions.

### Information and Communications Technology

ICT is an increasingly important component of the MVP's work in many sectors including health and business development, enabling health workers, farmers, and others to have quicker access to communication and new tools for managing their work.

To ensure that as many individuals have access to ICT as possible in the MVPs, broadband connectivity is a priority in all sites, as is access to and training in the use of computers and the Internet.

For example, three learning centers were connected to the Internet in 2012 in Bonsaaso (Ghana). In Mbola (Tanzania), the Project connected five primary schools to the Internet, enabling teachers to receive trainings online. In Sauri (Kenya), teachers are also taking

advantage of the computers and Internet now available to them for preparing lessons, managing grades, and more.

In terms of non-digital communications, the MVP in Mwandama (Malawi) acquired radio equipment for the Mwandama Community Radio station in 2012. The radio can be used to communicate about priority issues locally – from enrolling children in school to preventing the transmission of HIV. Mwandama joins a number of other sites in setting up community radio stations through the MVP.

### Building and Construction

In 2012, the MVP saw the completion or continuation of important construction projects, among them the following.

In Mayange (Rwanda), two community health education centers, a nutrition demonstration center, and a new craft center were built in 2012. In addition, the Mayange clean cookstove cooperative built a new production plant this past year, and the knitting cooperative built a meeting hall. Looking forward, the construction of household latrines will be a priority in 2013.

In Mbola (Tanzania), the community started construction of a laboratory so health diagnoses can be made locally, improving management and care of patients. They also began construction of a surgical theater to enable local health care providers to conduct important procedures like caesarean sections and circumcisions.

Mbola also used infrastructure to address a key education issue: recruiting and retaining good teachers. For many, the distance between home and school was a barrier to accepting a teaching position, and for some who did accept

the distance became a cause of frequent absenteeism. So the community built living space for teachers near a local school so they would not have to cover those long distances each day.

The MV of Pampaida (Nigeria) built and opened a veterinary clinic to help keep community livestock healthy. They also constructed a library and science laboratory at the Pampaida Junior Secondary School.

In Ruhira (Uganda), the MVP team worked with Medical Teams International, the District Local Government, and the Ministry of Health to operationalize the Rwekubo Health Center IV theatre, the referral health center about 25 kilometers outside of the MV. This has greatly reduced the burden of surgical cases at the Kabuyanda Health Center coming from outside the Project area.

## Water, Sanitation, and Hygiene (WASH)

### SPOTLIGHT STORY

#### A Campaign to Promote Handwashing in Mayange

In addition to the handwashing campaigns rolled out as part of the Unilever partnership, some MV sites ran campaigns of their own in 2012 to promote behavior change and encourage healthier habits.

In Mayange (Rwanda), for example, more than 100 local leaders received training on hygiene and sanitation in order to pass along this knowledge to the community and help change unhealthy practices. The MVP supported the establishment of 41 Hygiene and Sanitation Clubs in Mayange in 2012, raising awareness to over 4,000 households about using safer water to drink, cook, and wash. A member of each participating family received a checklist to review at home to guide improved sanitation and cleanliness practices. In response, many families set up handwashing facilities near their latrines.



School children like these in the MV of Mayange benefitted from learning good handwashing and hygiene practices in 2012.

Because behavior change can be challenging, many clubs use incentives to motivate people to participate and to stay engaged. On Global Handwashing Day on October 15, more than 250 community members, local government, and district officials joined together, and the Bugesera District Mayor awarded the best performing Hygiene and Sanitation Club. The celebrations can be very effective in helping encourage handwashing and acceptance of healthier practices in the community.

### INTRODUCTION

A sub-sector of the health sector and overlapping with priorities in the infrastructure and education sectors, WASH initiatives are focused on increasing access to safe drinking water and improved sanitation facilities and promoting good hygiene practices such as handwashing with soap.

WASH is a cross-cutting sector that ties together multiple areas of work, especially in the areas of health, education, and gender equality. In the final years of the Project period, the MVP will utilize a WASH model developed by UNICEF and focus on interventions to increase safer drinking water and sanitation

coverage, promote behavioral change, and seek support for an enabling policy and institutional environment.

### 2012 ACTIVITY HIGHLIGHTS

#### New Partnership with Unilever

The new partnership with Unilever, announced on Global Handwashing Day on October 15, 2012, supports a school-based program on handwashing with soap called *School of 5*, which was designed by Lifebuoy/Unilever. The program will ultimately roll out to all 10 MV sites in 2013.

### Improved Water Sources

A number of initiatives to improve water sources continued in the MVP in 2012, including installing new water points connected to piped water systems at schools and health facilities. A primary focus is on providing communities with leadership and management training, along with the technical knowledge to fix pumps, so that communities can sustain local WASH-related activities beyond 2015.

For example, to ensure sustainability and ownership, 30 community members in Sauri (Kenya) received training in the basic repair of hand pumps in 2012, and over 100 borehole and spring management committee members received training in leadership skills and water tariff collection. Similarly, in Mwandama (Malawi), 25 water point committees were trained in community-based management of water resources. Each of these MVs is providing community members with the skills and business models needed to help keep water sources clean and functional independent of MVP support.

In the MV of Ruhiira (Uganda), more than 10 new private water connections were made with consumers bearing 70% of costs, while the MVP covered the rest. In 2012, the Ruhiira community also saw the start of community-led management of the piped water program's day-to-day functions.

In 2012, Mayange (Rwanda) completed a piped water project in an effort to improve access to improved water and sanitation. Thirty kilometers of water pipes were installed, connecting over 40 households and the new community craft center to piped water. This has both logistical and health benefits for communities.



Girls in the MV of Potou (Senegal) learn healthy habits like handwashing with soap through the PHASE program supported by GlaxoSmithKline in 2012.

### Sanitation

In rural communities, an improved pit latrine—the type being built in many sites but not yet at a rate to ensure success toward the MDG—includes a vent pipe and a concrete slab. To help build these latrines in 2012, the MV community in Sauri (Kenya) dug more than 450 pit latrines to improve community sanitation. In Mbola (Tanzania), over 50 households received training in how to cast pit latrine slabs, and nearly 1,000 households in Mwandama (Malawi) are in line to benefit from latrine subsidization so that the number of households with improved sanitation increases.

Progress has been made in constructing latrines at schools and other institutions in the MVs, particularly gender-separate latrines, which are helpful in boosting attendance rates of adolescent girls and female staff. For example, in the MV of Ruhiira (Uganda), an extra latrine block was constructed at a local school, thanks to support from Millennium Promise Japan. And in Mwandama (Malawi), nearly 20 latrines were built at schools and 16 handwashing facilities installed. To ensure a continued supply of

water, rainwater harvesting system installations are at various stages of completion as well.

In addition, the MVP introduced Community-Led Total Sanitation approach (CLTS) in the MV of Bonsaaso (Ghana) in 2012 to eliminate open defecation.

### **Waste Management**

Proper solid waste disposal practices are being promoted across all MV sites. For example, in Mayange (Rwanda) more than 20 representatives from commercial centers, social economic development offices, and environmental committees took part in a waste management training session in 2012.



## Environment

### INTRODUCTION

Protecting the environment is central to all of the Millennium Villages Project's work and environmental standards run across all of the sectors. The goal is to make sure communities know how to care for and protect the environment so they can sustainably benefit from its resources. This work feeds into MDG #7 to ensure environmental stability.

The Project is helping to achieve these goals through sustainable farming practices, reforestation efforts, improvements of water and sanitation infrastructure, soil improvement practices, and more.

### 2012 ACTIVITY HIGHLIGHTS

#### Reforestation

One of the core environmental objectives for the MVP is to increase biomass in the villages where deforestation is an issue, which means boosting number of plants and trees. This can involve planting more trees or encouraging people to not cut down trees for firewood. Planting trees can be a way to provide firewood, provide food (from fruit trees), or to rehabilitate degraded farmland.

Reforestation is tied to multiple value streams. Planting trees is not only beneficial to the environment, reducing soil erosion and revitalizing barren areas, but it can also provide a more diverse and nutritious diet for local people (in the case of fruit trees).

In the MV of Mayange (Rwanda), for example, 2,000 grafted mango trees were distributed to farmers and planted around the Cyohoha



Farmers in the Millennium Villages, like here in Mayange (Rwanda), learn integrated soil fertility management and other practices that help protect the environment.

wetland in 2012, and a farmer in Mayange was selected via a competitive bidding process to raise and plant 100,000 seedlings for agroforestry trees that can both serve as animal food and restore soil fertility. In addition, an event was held for youth and women's groups where participants learned to graft fruit trees.

Community members in the MV of Ruhiira (Uganda) also planted over 700,000 trees to support land rehabilitation and reforestation efforts. In the MV of Potou (Senegal), 15,000 trees were planted in 2012.

#### Nurseries

With tree planting a priority in many sites, tree nurseries are emerging as viable local businesses. For example, a group of farmers in the MV of Sauri (Kenya) who are managing nurseries earned over \$16,000 by selling over 100,000 seedlings in 2012. Over 20 local community members were trained in how to manage tree nurseries and handle transplants, and children at school learned how to plant tree nurseries to provide needed materials at home and to sell surpluses.

In Koraro (Ethiopia), the community built a nursery that is now producing over four million seedlings to be used by farmers to increase soil stability, protecting farmland and enriching water catchments. The local government will also purchase seedlings to be used to protect road infrastructure. The nursery efforts are supported by the MVP and local Agriculture Office.

In the MV of Bonsaaso (Ghana) the community has established seven Natural Resource Management Centers (NRMCC) to provide each community with seedlings for land rehabilitation, along with trees for food and wood production. Community members will be able to work at the centers to produce and distribute seedlings for land remediation and income generation.

### Integrated Soil Fertility Management

The Project expanded its Integrated Soil Fertility Management (ISFM) practices to Ruhiira (Uganda) in 2012 after seeing positive gains in other villages. ISFM reduces soil erosion by creating trenches and planting nitrogen-fixing trees to improve soil health.

Some traditional practices, like brick making, bush clearing and burning, and over-grazing continue to have negative impact on soil in the villages. To help raise awareness among community members about the hazards of these practices and to encourage new, sustainable practices, MVPs including Ruhiira have turned to community radio. In 2012, Ruhiira's radio station broadcast more than 10 talk shows about environmental issues and recommended solutions.

In addition, over 4,000 farmers in Ruhiira attended training sessions on improving soil fertility with rhizobia, a bacteria that helps attach nitrogen to the roots of plants, supporting improved growth. Similarly, in 2012, farmers in the MV of Mbola (Tanzania) were encouraged to mix in nitrogen-rich plants with their maize crops to improve the soil and their yield.

Much of the tree planting activity described above also has benefits in supporting soil fertility by reducing erosion and contributing nutrients.

### Eco-Tourism

The MVP works to create integrated opportunities for the MVPs through eco-tourism cooperatives. Thanks to support from the UNWTO ST-EP Foundation, based in South Korea, ecotourism initiatives are underway in a number of MVPs. In 2012, focus was on forming eco-tourism cooperatives in Koraro (Ethiopia) and Sauri (Kenya) that benefit the environment while providing financial benefits for community members.

### Drylands Initiative

Last year demonstrated that climate change and conflict must be accounted for when working to achieve the MDGs. The two often come as a package in the Horn of Africa. To address these issues, the MVP helps support the Drylands Initiative which aims to protect nomadic herding communities, making them more resilient in the face of disease, drought, and rising food prices. The Initiative works with governments to develop strong partnerships at the national and local level. The Initiative targets interventions such as livestock immunization, improved livestock marketing, and drought-tolerant crops.

**The Green Sahel Initiative/Great Green Wall**

The West African cousin to the Drylands Initiative, the Great Green Wall is part of the larger Green Sahel Initiative, an effort to bring a larger, Africa-wide coalition to the table to

address climate change, desertification, and the MDGs simultaneously in the Sahara and Sahel regions. The MVP continues to help coordinate contributions of various stakeholders and to enable local decision-making relating to Great Green Wall efforts.

## Gender Equality

### SPOTLIGHT STORY

#### Building a Brighter Future, One Stitch at a Time

With little access to post-primary education or vocational training, young women in rural Africa face limited choices for their futures. Many will spend their adulthoods raising children, carrying water, and farming a small plot of land to help feed their families. Perhaps they will grow enough food to sell, but many will struggle to earn an income.

The sewing center in the Millennium Villages of Potou (Senegal) is changing that by offering skills training to young women who want to learn a profitable trade.

Called *Jigeen ca Waarwa* (which means “Women at Work” in Wolof, the local language), the sewing center launched in 2011 and operated throughout 2012. Four young women enrolled for its pilot program, learning embroidery and tailoring skills, and the center earned funds through the tailoring service.

This early success is encouraging. Plans are now underway to move the original center to Leona, the largest village in Potou, and open a second center in another village to reach more young women students – and more customers. The curriculum is being structured so that the women can graduate before the rainy season starts, as they often need to turn their attention to farming.

Jigeen ca Waarwa is a shining example of small interventions making a difference in the Millennium Villages. By empowering women with the tools they need to build a brighter future, we are one step closer to ending extreme poverty in our lifetime.



Beautiful dresses are made by women of the Jigeen ca Waawra sewing center in Potou (Senegal).

### INTRODUCTION

Gender equality, a core priority of the Millennium Villages Project addressing MDG #3, is mainstreamed throughout all Project priorities, strategies, and activities. Special attention to issues faced by women and girls are addressed in each sector, whether through building more maternity wards at health clinics

or empowering girls through clubs at school and encouraging parents to send their girls to school. The MVP knows that focusing efforts on women and girls pays dividends to the entire community.

## 2012 ACTIVITY HIGHLIGHTS

### Women's Economic Empowerment

Facilitating income-generating opportunities for women is an important factor across the agriculture and business development sector of the Millennium Villages Project. In 2012, a number of sites made specific progress in this area.

In Mayange (Rwanda), for example, a campaign to promote women's entrepreneurship attracted over 1,000 participants, including 360 women interested in preparing business plans to start a small business. These women will take part in a Business Development Skills training workshop.

Women's groups in Mayange as well as Sauri (Kenya) received trained in managing nurseries and grafting trees. The women can now earn income through selling tree saplings, while helping to improve the local environment. Nurseries can also help to eliminate the need for women and girls to walk long distances for firewood.

In Tiby (Mali), two cooperatives were formed from the women's association of rice parboilers. These women will receive leadership and management training and continue to expand their growing business. And in Potou (Senegal), three women received training in soap production. The MVP hopes to help these women form a cooperative and provide training to additional women.

### Promoting Maternal Health

A key emphasis in the MVP health sector is improving maternal health, in keeping with MDG #5. Childbirth carries relatively high risks for both mothers and newborns in most

developing countries, but some key steps are being taken across the Millennium Villages to reduce those risks and reduce maternal mortality.

Many MVs saw the creation or improvement of maternity wards in 2012. In Potou (Senegal), the maternity ward was connected to the electricity grid, ensuring that there are lights at night, emergency obstetric care equipment is reliably powered, and refrigeration is available to preserve medications.

Other MVs were able to grow their cadre of skilled birth attendants in 2012, with the government providing midwives to be stationed at their health clinics in some MVs, or with MV-supported nurses receiving midwife certification.

CHWs continue to be a core component of improved maternal health in the MVs. In 2012 many received training on identifying early signs of pregnancy. CHWs were then able to refer women to antenatal care early in their pregnancy, ensuring better mother and child health with nutrition supplements. CHWs in Bonsaaso (Ghana) helped implement a misoprostol trial – a medication that can help prevent and treat postpartum hemorrhage in low-resource settings where there may not be a skilled birth attendant. If determined successful, this initiative may be scaled up to other MV sites and regions.

### Adolescent Reproductive Health

Several MVs made it a point to address the gap in reproductive health education and care reaching adolescents in 2012. For example, in Mayange (Rwanda), the community conducted a five-day community-based campaign on sexual and reproductive health, which attracted



over 2,000 adolescents. The campaign centered on the topics like puberty, reproductive systems, reproduction health relationships, and HIV and STI infection and prevention. At the end of the campaign a reproductive health club was formed and elected committee members.

Similarly, in Mbola (Tanzania), over 250 adolescents were reached with information sessions on sexual and reproductive health. Training was also provided to 300 community members, both adolescents and parents, on the importance of education, adolescent reproductive health, the impact of early pregnancies, gender-based violence, and life skills.

### Keeping Girls in School

Providing scholarships for girls is one way the MVP works to keep girls in school and promote gender equality in the education sector. For example, in 2012, the MV of Mayange (Rwanda) launched a girls' scholarship program funded through Connect To Learn (CTL) that enabled 40 girls to study in lower secondary schools. In Mwandama (Malawi) and Pampaida (Nigeria), a combined 140 female students also received CTL scholarships.

In some sites including Mbola (Tanzania) and Sauri (Kenya), the Project distributed sanitary pads to adolescent girls in schools to help them stay in school throughout the month. Efforts to establish reusable and sustainable sanitary pad programs for girls are being developed in several sites as well. And more MVs constructed gender-separate latrines for students in 2012, along with handwashing stations, to make school more comfortable for girls, reducing absenteeism and dropout rates.

Girls' empowerment programs have also been started in many of the MVP sites. In the MV of Bonsaaso (Ghana) there are now 27 such "gender clubs" which is nearly complete coverage of each of the primary and secondary schools in the MV. And Mayange (Rwanda) hosted 20 girls' empowerment sessions in local schools, with information on life skills and reproductive health.

Mainstreaming issues faced by girls and women of all ages in the Millennium Villages Project helps to ensure progress toward MDG #3, to promote gender equality and empower women, across the board.

## 5. Monitoring & Evaluation

Extensive monitoring and evaluation (M&E) is a central component of the Millennium Villages Project model. M&E systems are critical for priority-setting, through real-time tracking of activities and outputs, documenting the timing and sequence of interventions, and assessing overall program performance with respect to Millennium Development Goals (MDGs) as measured by a set of pre-defined targets and indicators.

The core components of the monitoring and evaluation system include: (1) Household Surveys, (2) Real time Outcome Monitoring, (3) Process Evaluation, and (4) Economic Costing. These are described in the pages below.

A comprehensive M&E report of the MVP will be issued in mid-2016 to assess the 2015 outcomes of the MVs regarding the fulfillment of MDG targets, implementation experiences, and costing. The Project plans to work closely with the national statistical offices in each country to produce high-quality surveys of MDG outcomes in 2015. The Independent Evaluation Group, headed by Professor Robert Black of Johns Hopkins University, will also play an important role advising on the final evaluations.

### Household Surveys

Impact assessment work involves population-based surveys and is the gold-standard for monitoring MDG-related outcomes. Based on experience in 10 diverse MV contexts, the Project has developed a set of survey tools that bring together best practice modules from a variety of sources including the *Demographic and Health Survey* (DHS), UNICEF's *Multiple Indicator Clusters Survey* (MICS), World Bank *Living Standards Measurement Study*, and

WHO's *Nutrition Landscape Information System and Drinking Water and Sanitation* surveys. A single set of instruments, manuals, and training materials have been developed to allow simplified tracking of the MDGs.

The core survey instruments include a *Household Survey* administered to the Household Head, covering key questions around demographics, food security, education, malaria bed net usage, assets, consumption and expenditures, agricultural production, water and sanitation, and an *Adult Survey* administered to people aged 15-49 that captures information on maternal and reproductive health, child health, nutrition, and literacy. Household and individual interviews are complemented by biological specimen collection (malaria and anemia), anthropometric measurement data, and crop yield information from farm plots.

In 2012, the impact assessment team completed the data collection for the Year 5 survey rounds, capturing detailed socioeconomic/household, adult/individual, nutrition, malaria, stool, anthropometric, and crop yield surveys in the Bonsaaso, Mwandama, Mayange, Pampaida, Potou, Ruhiira, Tiby, and Mbola.

The data that was collected was then cleaned and analyzed, and the findings were compiled in a dashboard, summarizing site-by-site progress towards achieving MDG targets, highlighting areas where the Project is on track to achieve the MDGs and areas where more progress is needed.

Finally, the team provided technical assistance to various scale-up projects in the utilization of a streamlined set of MDG-focused survey tools, training materials, and field and data systems guides to support monitoring and evaluation activities around MDGs.

### Outcome Monitoring

The purpose of outcome monitoring (OM) is to continually and systematically track high-quality internal performance metrics across all of the MVP sectors, in order to monitor conditions toward a desired outcome and help improve organizational decision-making. The OM system focuses on comparable output and outcome indicators that are collected in a regular and timely manner, and moving toward “real-time” data collection and processing whenever possible. The OM team conducts and facilitates data analysis, synthesis, and interpretation with sector teams to alert managers to performance problems and help improve decision-making among relevant stakeholders.

In addition, the OM team created the Millennium Villages Information System (MVIS), which acts as a clearinghouse for aggregated OM data across multiple data collection streams in all of the MVP sites. MVIS is a web-based data entry and visualization tool, which is accessible in low-connectivity settings. MVIS provides a single place for multi-sector, multi-source, multi-site aggregated information on project or program performance to assist decision-makers at all organizational levels.

MVIS was developed specifically to facilitate monitoring of dozens of output and outcome indicators relevant to the MDGs. The data collected is uploaded directly from the field using a smartphone- or computer-based entry template with Internet connection. This allows

sector teams to closely monitor indicators such as deliveries in health facilities, immunization coverage, school attendance, and child mortality. Complementary indicators from other information systems, such as CommCare and the Verbal Autopsy system, are integrated and entered into the MVIS as well. This “one-stop shop” allows MVP staff to see progress in real-time (or near real-time), and facilitates more enhanced data-driven decision-making.

In 2012, the OM team designed, developed, and deployed a remodeled MVIS platform with faster processing for improved performance in low-connectivity environments, flexibility for adaptation to other project types, such as MV3’s, and enhanced export functions. MVIS has allowed for the continued tracking of more than 100 output/outcome monitoring statistics.

Secondly, in partnership with the Modi Group, the OM team conducted a Rapid Infrastructure and Facility Assessment (RIFA) with a mobile phone-based data collection survey that uses FormHub software in 10 MVP sites. RIFA created a consistent infrastructure and facility dataset that is comparable across MV sites, geo-referenced (GPS), and includes a uniform set of attributes for each facility or point, with detailed questions on conditions and services offered. The OM team coordinated the data collection tools design, training of site staff, cleaning and data processing, as well as data analysis.

Third, in partnership with the education sector team, the OM team designed a mobile phone-based data collection platform using FormHub software at primary schools for incorporation into the MVIS work stream. The team developed phone-based data entry templates, logic and range checks, as well as external

cleaning algorithms and indicator scripts for use by site teams. Site team trainings and localization was begun in late 2012. Deployment to 10 MVP sites is planned in January-February 2013.

### Process Evaluation

Process Evaluation (PE), is the qualitative data component of the MVP Monitoring & Evaluation platform. For implementation projects, such as the MVP, Process Evaluations are designed to address issues that impede the achievement of program objectives and the implementation of activities. Understanding the process of implementation is particularly relevant to the MVP. While the individual components of the package of MVP interventions are of proven value, the systems necessary to support their integrated delivery in a diversity of settings are poorly understood. To address this, a portfolio of qualitative data collection activities, consisting of community focus groups and key informant interviews, are conducted alongside the quantitative household impact surveys.

The procedures driving the design and implementation of all activities are documented, evaluated, and fed back to MV site teams as part of the learning and course correction process. These process evaluations are critical in helping to transform operations research into effective policies. The overall aim of the process evaluation is to assess the feasibility of the approach, and examine how the process of implementation affects Project outcomes. Implementation science can also help to distinguish between interventions that are inherently faulty (failure of intervention). This component of the MVP's M&E is critical in helping to document and translate MVP experiences into effective policies and practices.

Process Evaluations of the Millennium Villages sites are conducted annually and take between three to six weeks to complete for each site. Each MV undergoes a process evaluation that is coordinated alongside other data collection activities. This data component includes a system of tools that can be adapted and used in the field by locally hired qualitative enumerators. Once collected, the process data are combined with the household survey to better understand how progress and achievements have been made to date.

Moreover, lessons learned from implementation are documented and disseminated. The process data are used to meet three primary objectives: 1) to provide immediate feedback on implementation problems related to executing interventions; 2) to be integrated into annual, comprehensive MV site reports (produced by the M&E team, and not the same as the activity highlights presented in this document) which detail all of the work and progress made toward the MDGs, and 3) to carefully document all of the processes of implementation in order to meet objectives of replication and scalability of the MVP model.

In 2012, all sites completed process evaluations. Process data from these evaluations has been coded and archived for analysis and later dissemination. Qualitative tools have been designed and finalized so that they can be exported for ongoing evaluation to local site teams.

### Economic Costing

The MVP is closely monitoring all program intervention costs, local project management costs, and local resource allocation decisions.

The costing study documents the value of all inputs that contribute to accelerating progress toward the MDGs within each MVP cluster area. Investments by governments, private donors, and partner organizations, in addition to in-kind resources from the community and core MVP funding, provide technical, financial, and material inputs to the Project. Systematically documenting the source and cost of all MDG-related inputs is essential to analyzing the cost-effectiveness of the Project, and to inform issues of sustainability, local buy-in, and scale-up.

In 2012, a study detailing the unit costs of all components of a rural primary health care system was presented at the WHO Health Systems Research Symposium in November 2012. In addition, “Progress on MDG #7.C in the Millennium Villages after 5 years: Improving Access to Water and Sanitation,” a poster was presented at the American Society of Tropical Medicine and Hygiene’s annual conference in November 2012, also drew extensively on costing data.



## 6. Partnerships Update

### KOREA PARTNERS

The Korean Millennium Village Project (KMVP) is a partnership of the Korea International Cooperation Agency (KOICA), Gyeongsangbuk-do Province, and UN World Tourism Organization Sustainable Tourism for Eliminating Poverty Foundation (UNWTO ST-EP Foundation, chaired by MP Global Board member Ambassador Dho). In total, the KMVP partners have pledged significant support from 2009-2013. This support is divided between the Millennium Villages of Mbola (Tanzania) and Ruhiira (Uganda).

In September 2013, an MOU between KOICA and the MVP was signed in New York to expand KOICA funding through 2015 and to partner on many technical aspects in the MVs including integrating aspects of Korea's successful Saemaeul ("new community") Movement into the MVP.

### AGRA

The Alliance for a Green Revolution in Africa (AGRA) continues to be an important partner in the MVP, helping support agriculture, soil fertility, and related initiatives through grants to the MVs in Malawi, Mali, Nigeria, and Uganda.

### AGRIUM

In 2012, Agrium Inc. made a significant cash donation for the local purchase of approximately 1.3 metric tons of fertilizer in six MVP sites. Previously, in 2010 and 2011, Agrium's donation of fertilizer had been in-kind. A new pledge has been made for 2013 for another significant cash contribution that will fully fund the agriculture intervention budget, as well as cooperative and business development activities, agricultural

coordinators, extension workers, and master farmers in seven MV sites (non-IsDB), as well as operating expenses in the regional offices. Acceptance of this proposal by Agrium seems highly likely.

### AIRTEL

Airtel has donated voice and data plans to MV sites in the seven MVP countries in which they operate. These plans enable use of mobile phone-enabled technology systems rolling out in the MVs. (See also Sony Ericsson below.)

### COCA-COLA AFRICA FOUNDATION

The Coca-Cola Africa Foundation (TCCAF) pledged funding to support projects in the MV of Potou (Senegal) and Mwandama (Malawi), respectively. In Potou, support from TCCAF will help smallholder farmers to access low-cost irrigation systems in order to boost their production, employment, and income generating capacities. In Malawi, the project will support hygiene and sanitation initiatives as well as increasing access to safe and sustainable water resources. Operational plans are currently being finalized.

### CURATERRA FOUNDATION

In response to a proposal sent in July, the Curaterra Foundation, the family foundation of Carl Guarino, made a major three-year pledge to support the MV of Mbola (Tanzania). This is in addition to significant pledges made in Phase I of the Project.

### FINNEGAN FAMILY FOUNDATION

In response to proposal submitted in November, the foundation is formalizing plans to help support the project through 2015. The

Foundation has provided general supported to MP with donations over the past four years.

### MOSAIC COMPANY

The Mosaic Company, which is in its third year of support for the MVP, made significant in-kind donations of fertilizer to several sites in 2012. Due to the logistical complexity and expense of shipping and transporting the fertilizer to the sites, Mosaic has made instead a significant unrestricted cash gift for 2013.

### NOVARTIS FOUNDATION FOR SUSTAINABLE DEVELOPMENT

Novartis, which previously supported the MV of Mbola (Tanzania) with a significant five-year gift, made a new major gift in 2012 to be paid over three years. Novartis' pledge is given in support of the 1 Million Community Health Workers campaign.

### ONE CAMPAIGN

Colleagues from the ONE Campaign, including Bono, joined Jeff Sachs on a visit to MV sites in Tamale (Ghana) and Tiby (Mali) in January 2012. ONE will potentially partner to raise UK awareness of the work in Tamale. The team also visited Tiby and Toya (Mali). The relationship with the ONE Campaign is being managed through the Earth Institute.

### RENZO ROSSO/ONLY THE BRAVE FOUNDATION

Ground was broken in the MV of Tiby (Mali) for a secondary school in January 2012 designed and financed by Only the Brave, with Renzo Rosso, CEO of Diesel/Only The Brave attending. School construction has been delayed by political unrest in the region, but Mr. Rosso is committed to following through. He has been supporting Millennium Promise with significant donations since 2009, and is donating additional funds to cover construction of the school.

### SONY ERICSSON

Ericsson facilitated the donation of 2,000 smartphone devices for the rollout of the MVP's improved CHW program in 2012. These Android devices are manufactured by Sony and will carry the CommCare software that will improve point-of-care service delivery through decision-making guidance for CHWs. Such smartphones also collect, store, and send patient data in efficient ways that don't rely on network coverage alone—a key challenge with the current SMS-based program. Millennium Promise is also working with telecom providers in each country, such as Airtel (see above), to source donated voice and data plans necessary for the operation of the phones.

### TABLE FOR TWO

In 2012, the Japan-based foundation TABLE FOR TWO extended their support of the school meals program (SMP), providing full or partial support to four sites: Koraro (Ethiopia), Mayange (Rwanda), Mbola (Tanzania), and Ruhiira (Uganda). For 2013, TFT has committed to fund the SMP in Koraro and an additional proposal will be submitted for continued support in three more sites.

### TOMMY HILFIGER CORPORATE FOUNDATION

Tommy Hilfiger became a member of the MP Global Board in June 2012, with Guy Vickers, President of the Tommy Hilfiger Corporate Foundation, serving as proxy when he cannot attend meetings. Another significant two-year commitment is currently under consideration with the Foundation.

The **Promise Collection** was a great success in 2012, with all proceeds from sales of the collection benefitting Millennium Promise. The capsule collection of clothing—inspired by Mr.

Hilfiger's trip to the Millennium Village of Ruhiira—was launched in April 2012 year and sold in stores and online through the summer. Katie Holmes served as brand ambassador, and photos of her visit to Ruhiira in January 2012 were featured throughout the collection's ad campaign.

Tommy Hilfiger also commissioned *Ekirooto*, the women's beading cooperative in Ruhiira, to create a **jewelry collection** with items available to purchase only by Tommy Hilfiger employees. The order represents not only income the cooperative but also opportunity for potential commercial orders in the future. MP staffers are involved overseeing this project.

The Tommy Hilfiger Ambassadors, a select group of employees, made two trips to Ruhiira in 2012, and the EU Ambassadors raised funds to benefit Millennium Promise through a photography exhibition, a jewelry sale, and other activities over the year. A book called ***Postcards from Ruhiira***—also available only to TH employees—was published in December 2012 with photos and reflections by the Ambassadors, drawings by children in Ruhiira, and a foreword by Jeffrey Sachs.

#### UNWTO ST-EP FOUNDATION

The UNWTO ST-EP Foundation continued to support the "Millennium Villages as Tourism Destinations" project through a significant five-year pledge. Building on the successes of this ecotourism project in the MVs of Koraro (Ethiopia) and Sauri (Kenya) as of 2012, and most recently for 2013 in Mayange (Rwanda) and Mbola (Tanzania), with plans to expand to the West Africa sites in 2014 and back to Mwandama (Malawi) and Ruhiira (Uganda) in 2015. These funds will facilitate tourism-related business development activities in the MVP.

In addition to this donation, another major gift was recently donated by the Foundation for a greenhouse and irrigation project to spur business development in the MVP in Kenya, as well as additional Thank You Small Libraries across the MVP.

#### WALKABOUT FOUNDATION

The Walkabout Foundation delivered 250 "Rough Rider" wheelchairs to the MV of Bonsaaso (Ghana) in November. These chairs are specifically designed for rough terrains in the developing world. Plans are underway for the donation of another 250 chairs to the MV of Ruhiira (Uganda).

## 7. Strategic Priorities Moving Forward

Now that most clinics are built, schools are active, and crop yields have improved, the MVP is focusing its final three years of operations on the systems and structures that will enable communities to carry on in success through 2015 and beyond.

On April 5, 2013, the world began the 1,000-day countdown to the target date for meeting the MDGs, the last day of 2015. Building on progress to date and addressing the shortfalls that remain in some target areas, the Project's strategic priorities moving forward are to focus on areas where progress is lagging while starting the transition of Project interventions to local ownership ahead of complete handover in three years.

A hallmark of the MVP has become the design and implementation of *systems* of local service delivery and public investment. It is these systems that will help ensure that Project gains are sustained and progress continues through 2015 and well beyond. To an increasing extent, these systems are being supported by ICT tools. These systems-building efforts take more time than “quick wins,” as they involve organizational improvements, extensive training, behavior changes in the community, and the preparation and implementation of multi-year business plans. These kinds of activities are a key focus for the MVP moving forward toward its goal to be a proven, sustainable, replicable, and scalable model for development.

In the agriculture and business development sector, the **Lead Farmer Program (LFP)** is the system being developed toward this goal. The LFP leverages agricultural extension workers to

train lead farmers, who in turn train their farming neighbors on improved agricultural techniques, so that overall productivity is expected to increase along with the quality of output. The LFP system will also help link regional buyers to producers in the MVs at centralized distribution locations. The expected outcome of the LFP is increased access to extension services and business opportunities for farmers in the MVs, and therefore improved livelihoods and income. Continued generous support from Agrium Inc., the Eliminate Poverty Now foundation, and other partners will support the LFP through 2015.

The **Community Health Worker (CHW) program**, one of the strongest successes of the MVP to date, is also a key system for the MVP and will continue to be a priority going forward, enhanced by newer and better eHealth and mHealth systems. The One Million CHWs initiative launched in 2012 will help accelerate the expansion of this effective program to developing communities all over Africa, and the systems the MVP develops to support the work of CHWs will have the potential to improve lives for people well beyond the MV communities.

Modeled in part on the CHW program, the new **Community Education Worker (CEW) program** is another replicable, scalable system being launched to address an MDG challenge. The CEW program is designed to accelerate progress toward achieving universal primary education and providing quality education to students. CEWs help to get children in school at the right age, explain to the community the importance of education, conduct community outreach for age appropriate enrollment in primary school,

conduct sensitization on gender issues, and help tutor students who are transitioning back to the classroom. This program was piloted in the MVs of Mwandama (Malawi), Pampaida (Nigeria), Mayange (Rwanda), Mbola (Tanzania), Potou (Senegal), Sauri (Kenya), Bonsaaso (Ghana), and Ruhiira (Uganda) in 2012, with plans to expand the program in 2013.

These activities going forward will continue to be financially supported by Millennium Promise, but at a declining rate (closer to \$40 per capita per year in 2013 and stepping down to \$0 by the start of 2016) as local governments, NGOs, and communities adapt the MVP tools and practices and take ownership of the work.

At the same time as MP focuses on these programmatic areas within the Millennium

Villages Project, work will continue to support governments and other groups working on regional and national scale-up efforts along the lines of the MVP. Countries including Mali, Nigeria, and Rwanda are developing policies to take the MVP approach to scale, as are others—see the section on Scaling Up and Sustaining Growth for further discussion of these efforts.

The last three years are pivotal for the MVP as we conclude the MVP. With a strong showing of support, focused activity, and continued dedication, we will be able to make the big push needed to reach all MDGs in all Millennium Villages, while providing tools and a proven model to reduce extreme poverty and lay the foundation for sustainable development.



## 8. Conclusion

The beginning of 2013 marks the start of the three-year countdown to the MDG deadline and the end of the Millennium Villages Project in the 10 main sites across sub-Saharan Africa.

In 2012, the project increased focus on training sessions to make sure communities can manage infrastructure improvements (such as water pumps, water points, sanitation facilities, and off-grid solar energy systems) on their own after project operations conclude in 2015. For example, in Mbola (Tanzania), technicians received training so that he can continue the upkeep of solar power systems in the MV. In other communities, cooperatives received training on maintaining roads and water points, with links made to suppliers for any parts they may require in the future. Empowering communities to sustain project gains is a key priority for the coming years as well.

With program priorities in place to focus on 1) closing the gap on achieving all MDGs in all MV sites by 2015, 2) effective, low-cost, replicable systems, and 3) increased ownership of programs by communities and local governments, Millennium Promise is poised for three years of exciting activity and engagement with our global network of partners.

A comprehensive M&E report of the MVP will be issued in mid-2016 to assess the 2015 outcomes of the MVs regarding the fulfillment of MDG targets, the comparison with non-MV sites, and the goals of sustainability, replicability, and scalability.

In addition, the Project is benefiting from advice on its monitoring and evaluation protocols from an Independent Expert Group (IEG) chaired by

Professor Robert Black, Professor and Chairman, Department of International Health, of the Johns Hopkins Bloomberg School of Public Health.

We look forward to continuing to report on progress in the Millennium Villages Project and sharing updates on innovations and inspiring stories. We would like to once again express our gratitude to all our donors and supporters for helping to make our shared vision of a future free from extreme poverty, hunger, and preventable disease a reality in our lifetime.